

Salem Free Public Library
264 Hartford Road, Salem, CT 06420
860-859-1130

Program Attendance Permission Slip

I give permission for my child, _____, to
participate in the _____program at the
Salem Free Public Library on _____.

I understand that The Salem Free Public Library, nor The Friends
of the Salem Free Public Library Inc., nor The Town of Salem, nor
any of its employees will be held responsible for any harm that
could result from participation in this event.

Print Name Parent/Guardian: _____

Signature Parent/Guardian: _____

Phone: _____

Date: _____