



335 Vine Street, Fairport Harbor, OH 44077 / 440-354-8191

### FHPL Child Visitor Permission Slip

I \_\_\_\_\_ (*print legal guardian's name here*)

agree that I have read the Fairport Harbor Public Library's child visitor policy.

I give permission for my child, \_\_\_\_\_ (*print child's name here*)

who is in grade \_\_\_\_\_ and is \_\_\_\_\_ years old to visit the library on \_\_\_\_\_ (*Date*)

from \_\_\_\_\_ (*start time*) to \_\_\_\_\_ (*end time*).

(Legal Guardian Signature) \_\_\_\_\_

Emergency phone number \_\_\_\_\_

(Date) \_\_\_\_\_