



Library Permission Slip



Your child will be attending a field trip to: Village Library

Date		Time	
Location			
Transportation			
Notes			

_____ has my permission to go to the Village Library
In Jacobus on _____ with the JLS Recreation.*

I also release the JLS Recreation Association, Springfield Township, Jacobus Borough, Loganville Borough, the camp counselors and carpool drivers, from any liability.

Parent/Guardian
Signature _____ Date _____

**Jacobus, Loganville and Springfield Recreation Association*