



**TO: Parents**  
**FROM: Mr. J. Kevin Frye**  
**RE: LIBRARY PERMISSION FORM**

**Throughout this school year, your child will have the opportunity to visit Adams Memorial Library during school hours for research, reading and storytime.**

**If you would like your child to participate, please complete, sign and return this statement of consent and release of liability.**

*I hereby give permission for \_\_\_\_\_  
to walk to Adams Memorial Library. I understand my child will be  
under the supervision of a designated school employee.*

*I realize that this permission will be effective for every year that my  
child attends school. If at any time I wish to deny this permission, it  
will be my responsibility to notify Christ the Divine Teacher School  
in writing.*

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**NOTE: If you do not wish your child to participate, please fill in the following information.**

\_\_\_\_\_ **NO**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**