



## LIBRARY PERMISSION FORM

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

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**

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

**Child Name** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_