

Library Tour Authorization Form

For Elementary Students

Please complete this form to grant permission for your child to participate in the upcoming library tour.

Student Information

Student Name

Grade

Teacher's Name

Date of Tour

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Emergency Information

Emergency Contact Name

Emergency Contact Phone

Medical Conditions / Allergies (if any)

Authorization

I give permission for my child to participate in the library tour organized by the school.

Parent/Guardian Signature

Date