CCL. 034 Rev. 8/2013

Kansas Department of Health and Environment

Bureau of Family Health Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274

Phone: 785-296-1270 Fax: 785-296-0803

Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

| Name of the Facility (exactly as stated on the license) | | | | | License # | | |
|---|----------------|--------------------|-------------|-------------|-----------|-----------|----------------|
| Street Address of the Facility | | City Zip | | Zip Code | County | | |
| First and Last Name of Child or | may | go to the followin | g locations | off the pre | mises | with adul | t supervision: |
| Place | Street Address | 3 | City | | By Ve | ehicle | Walk/Bike |
| Signature of Parent or Guardian | 1 | 2 | | | Date | Signed | <u> </u> |
| | | | | | | | |
| Place | Street Address | 3 | City | | By Ve | ehicle | Walk/Bike |
| Signature of Parent or Guardian | | 1 = 1 | | 18 | Date | Signed | • |
| | | 1013 14 14 | | | | | |
| Place | Street Address | 3 | City | | By Ve | hicle | Walk/Bike |
| Signature of Parent or Guardian | • | | | | Date | Signed | |
| Place | Street Address | | City | | By Va | hiele | Walk/Bike |
| 100 5000000000 | Street Address | • | City | | By Ve | | walk/blke |
| Signature of Parent or Guardian | | | 38 | | Date | Signed | |
| | I a | | Lau | | | | |
| Place | Street Address | 3 | City | , | By Ve | | Walk/Bike |
| Signature of Parent or Guardian | | | | | Date : | Signed | |
| | | | | | | | |
| Place | Street Address | 3 | City | K | By Ve | hicle | Walk/Bike |
| Signature of Parent or Guardian | | | | | Date S | Signed | e |
| | T | | | | | | |
| Place | Street Address | | City | | By Ve | | Walk/Bike |
| Signature of Parent or Guardian | | | | | Date \$ | Signed | |

| Street Address | City | By Vehicle | Walk/Bike |
|---|---|--|---|
| dian | | Date Signed | R. |
| | | • | |
| Street Address | City | By Vehicle | Walk/Bike |
| dian | 1282.14021 | Date Signed | |
| Street Address | City | By Vehicle | Walk/Bike |
| | City | | Walk/blke |
| dian | | Date Signed | |
| Chroat Address | 10: | I B. W. L. L. | 1 M 11 / D11 |
| | City | By Vehicle | Walk/Bike |
| dian | | Date Signed | • |
| Chroat Address | O:A | I D. Valsiala | I W-11/19:1 |
| Street Address | City | By Venicle | Walk/Bike |
| Signature of Parent or Guardian | | | |
| FOR SCHOOL AGE CHIL | | NLY | |
| | | NLY | |
| FOR SCHOOL AGE CHIL | of Child or Youth | NLY | |
| FOR SCHOOL AGE CHIL ol age child First and Last Name | of Child or Youth | NLY | ate MM/DD/YYY Walk/Bike |
| FOR SCHOOL AGE CHIL of age child First and Last Name of following location(s) without adult | of Child or Youth | NLY Birth Da | ate MM/DD/YYY |
| FOR SCHOOL AGE CHIL of age child First and Last Name of following location(s) without adult Street Address dian | of Child or Youth t supervision: City | Birth Da By Vehicle Date Signed | te MM/DD/YYY Walk/Bike |
| FOR SCHOOL AGE CHIL of age child First and Last Name of following location(s) without adult Street Address dian Street Address | of Child or Youth | By Vehicle Date Signed By Vehicle | ate MM/DD/YYY |
| FOR SCHOOL AGE CHIL of age child First and Last Name of following location(s) without adult Street Address dian | of Child or Youth t supervision: City | Birth Da By Vehicle Date Signed | ite MM/DD/YYY Walk/Bike |
| FOR SCHOOL AGE CHIL of age child First and Last Name of following location(s) without adult Street Address dian Street Address | of Child or Youth t supervision: City | By Vehicle Date Signed By Vehicle | ite MM/DD/YYY Walk/Bike |
| FOR SCHOOL AGE CHIL of age child First and Last Name of following location(s) without adult Street Address dian Street Address | of Child or Youth t supervision: City City | Birth Da By Vehicle Date Signed By Vehicle Date Signed | Walk/Bike Walk/Bike |
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PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS **GROUP OF CHILDREN TO ONE LOCATION**

| Name of Facility (exactly as stated or | n the license) | | Lie | cense # |
|---|--------------------|-------------------|---------|--|
| Street Address of Facility | City | Z | ip Code | County |
| Children or Youth listed below may go | on an off-premise | e trip to: | | |
| Located at:Street | | | | |
| Street | | City | | County |
| (MM/DD/YYYY) | | | | |
| Time of Departure: | Estima | ated Time of Retu | urn: | |
| Children or Youth will be traveling by: | | Vehicle | Wall | king |
| Children or Youth will be supervised at | all times by the f | following staff: | | |
| Staff NameFirst | 2 | Staff Name | | Last |
| First Staff Name | Last | Staff Name | First | Last |
| Staff Name First | Last | a | First | Last |
| FIRST AND LAST NAME OF CHIL | D OR YOUTH | | | SIGNATURE GRANTING de First and Last Name) |
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