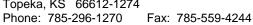
CCL. 034 Rev. 3/2017

## **Kansas Department of Health and Environment**

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



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 Code	County		
First and Last Name of Child or	may <b>Youth</b>	$\gamma$ go to the following	ng locations	off the prer	mises <b>with</b> ad	lult supervision:	
Place	Street Address	3	City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place	Street Address	<b>S</b>	City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place	Street Address	3	City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place	Street Address	<b>S</b>	City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place	Street Address	3	City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place	Street Address	3	City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place	Street Address	<u> </u>	City	T	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	2	-			Date Signed		
organical or a dient of Guardian					Date Olylled		

	Street Address	City	By Vehicle	
Signature of Parent or Guardian			Date Signed	
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian	Date Signed			
			·	
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian	Date Signed			
			L	
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian	Date Signed			
			l l	
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian	Date Signed			
			•	
	OR SCHOOL AGE CHIL	DREN OR YOUTH O	 NLY	
	child		NLY	
F I hereby authorize my <b>school age</b> o				ite MM/DD/YYYY
	child First and Last Name (	of Child or Youth		ite MM/DD/YYYY
I hereby authorize my <b>school age o</b>	child First and Last Name (	of Child or Youth		ite MM/DD/YYYY  Walk/Bike
I hereby authorize my <b>school age o</b> To walk/bike to and from the followi	childFirst and Last Name on the control of	of Child or Youth t supervision:	Birth Da	
I hereby authorize my school age of the following the following place	childFirst and Last Name on the control of	of Child or Youth t supervision:	Birth Da	
I hereby authorize my school age of the following the following place	childFirst and Last Name on the control of	of Child or Youth t supervision:	Birth Da	
I hereby authorize my school age of To walk/bike to and from the following Place  Signature of Parent or Guardian	First and Last Name on specific street Address	of Child or Youth t supervision:	By Vehicle  Date Signed	Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place  Signature of Parent or Guardian  Place	First and Last Name on specific street Address	of Child or Youth t supervision:	By Vehicle  Date Signed  By Vehicle	Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place  Signature of Parent or Guardian  Place	First and Last Name on specific street Address	of Child or Youth t supervision:	By Vehicle  Date Signed  By Vehicle	Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place  Signature of Parent or Guardian  Place  Signature of Parent or Guardian	First and Last Name of specific street Address  Street Address	of Child or Youth t supervision:  City  City	By Vehicle  Date Signed  By Vehicle  Date Signed	Walk/Bike Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place  Signature of Parent or Guardian  Place  Signature of Parent or Guardian	First and Last Name of specific street Address  Street Address	of Child or Youth t supervision:  City  City	By Vehicle  Date Signed  By Vehicle  Date Signed  By Vehicle  Date Signed	Walk/Bike Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place  Signature of Parent or Guardian  Place  Signature of Parent or Guardian	First and Last Name of specific street Address  Street Address	of Child or Youth t supervision:  City  City	By Vehicle  Date Signed  By Vehicle  Date Signed  By Vehicle  Date Signed	Walk/Bike Walk/Bike