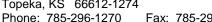
CCL. 034 Rev. 8/2013

## **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 Code	County		
		and the fall of the Co	. 1	· (f (l) · · · · · · ·		No. of the Control of	
First and Last Name of Child or		go to the following	g locations	off the prer	nises <b>with</b> ad	uit supervision:	
Place	Street Address		City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Signature of Farent of Guardian					Suito Orginou		
Place	Street Address		City		By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place	Street Address	<u> </u>	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	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	I		<u> </u>		Date Signed	1	

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			
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			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
	DR SCHOOL AGE CHILDREN	OR YOUTH ONLY			
I hereby authorize my school age cl	nild				
, , , ,	Birth Date MM/DD/YYYY				
To walk/bike to and from the followin	g location(s) without adult superv	vision:			
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		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
Signature of Parent or Guardian			Date Signed		
Signature of Parent or Guardian  Place	Street Address	City	Date Signed  By Vehicle	Walk/Bike	