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 Phone: 785-296-1270 Fax: 785-559-4244

Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

ted on the license)			,	License #	
	City		Zip Code	County	
	go to the follo	owing locations	off the prer	mises with adu	ult supervision
Street Address	8	City		By Vehicle	Walk/Bike
Signature of Parent or Guardian				Date Signed	
					•
Street Address	S .	City		By Vehicle	Walk/Bike
Signature of Parent or Guardian				Date Signed	
Street Address	3	City		By Vehicle	Walk/Bike
ardian				Date Signed	
Street Address	3	City		By Vehicle	Walk/Bike
Place Street Address City Signature of Parent or Guardian				¥7	
Street Address	3	City		By Vehicle	Walk/Bike
Signature of Parent or Guardian				Date Signed	
			,		
Street Address	8	City			Walk/Bike
				Date Signed	
Street Address	3	City		By Vehicle	Walk/Bike
Signature of Parent or Guardian				Date Signed	
	Street Address Street Address Street Address Street Address Street Address	may go to the follo	may go to the following locations or Youth Street Address City Street Address City	may go to the following locations off the prer or Youth Street Address City	City Zip Code County may go to the following locations off the premises with adult or Youth Street Address City By Vehicle Date Signed Street Address City By Vehicle Date Signed

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Gua	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Gua	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Gua			Date Signed	
signature of Parent or Gua	ardian		Date Signed	
		1.2		T
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Gua	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Gua	Date Signed			
herehy authorize my sch	FOR SCHOOL AGE CHIL	DREN OR YOUTH (DNLY	
	ool age child First and Last Name	of Child or Youth		ite MM/DD/YY
o walk/bike to and from th	ool age child	of Child or Youth		ite MM/DD/Y\
o walk/bike to and from the	he following location(s) without adult Street Address	of Child or Youth	Birth Da	
o walk/bike to and from the	he following location(s) without adult Street Address	of Child or Youth	Birth Da	
o walk/bike to and from the Place Signature of Parent or Gua	he following location(s) without adult Street Address	of Child or Youth	Birth Da	
o walk/bike to and from the Place Signature of Parent or Gua	ool age child	of Child or Youth supervision: City	By Vehicle Date Signed	Walk/Bike
o walk/bike to and from the Place Signature of Parent or Guar	ool age child	of Child or Youth supervision: City	By Vehicle Date Signed By Vehicle	Walk/Bike
o walk/bike to and from the Place Signature of Parent or Guate Signature of Parent or Guate Place	First and Last Name of the following location(s) without adult street Address Street Address ardian Street Address	of Child or Youth supervision: City City	Birth Da By Vehicle Date Signed By Vehicle Date Signed	Walk/Bike Walk/Bike
o walk/bike to and from the Place Signature of Parent or Guate Place Signature of Parent or Guate Place Place	First and Last Name of the following location(s) without adult street Address Street Address ardian Street Address	of Child or Youth supervision: City City	By Vehicle Date Signed By Vehicle Date Signed By Vehicle	Walk/Bike Walk/Bike
hereby authorize my school o walk/bike to and from the Place Signature of Parent or Guardian Place	First and Last Name of the following location(s) without adult street Address Street Address ardian Street Address	of Child or Youth supervision: City City	By Vehicle Date Signed By Vehicle Date Signed By Vehicle	Walk/Bike Walk/Bike