CCL. 034 Rev. 3/2020

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

Name of the Facility (exactly as stated on the license)						License #		
Street Address of the Facility		City		Zip Code	e County			
First and Last Name of Child or `		go to the following	g locations o	off the prer	nises	with adul	t supervision:	
Place	Street Address	dress City		By Vehicle		/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
Place	Street Address	S	City		By V	/ehicle	Walk/Bike	
Signature of Parent or Guardian						Date Signed		
Place	Street Address City			By Vehicle		/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date	Signed	•	
Place	Street Address	3	City		By V	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date	Signed		
Disco	Street Address		City		Dec	/ahiala	Walk/Bike	
Place Signature of Parent or Guardian	Street Address	•	City			/ehicle e Signed	Walk/Bike	
Signature of Parent of Guardian					Date	- Signed		
Place	Street Address	S	City		By V	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
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Place	Street Address	S	City		-	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date	Signed		

	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed	Date Signed			
			I		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
			I		
	FOR SCHOOL AGE CHIL	DDEN OD VOLITH (
	1 OK COLICOL ACE CITE	DILLIA OK TOOTTI	JNLT		
I hereby authorize my school age	child				
	e child First and Last Name	of Child or Youth		te MM/DD/YYYY	
	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
	e child First and Last Name	of Child or Youth		te MM/DD/YYYY Walk/Bike	
To walk/bike to and from the follow	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
To walk/bike to and from the follow	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
To walk/bike to and from the follow	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
To walk/bike to and from the follow Place Signature of Parent or Guardian	First and Last Name of wing location(s) without adult Street Address	of Child or Youth t supervision: City	By Vehicle Date Signed	Walk/Bike	
To walk/bike to and from the follow Place Signature of Parent or Guardian Place	First and Last Name of wing location(s) without adult Street Address	of Child or Youth t supervision: City	Birth Da By Vehicle Date Signed By Vehicle	Walk/Bike	
Signature of Parent or Guardian Place	First and Last Name of wing location(s) without adult Street Address	of Child or Youth t supervision: City	Birth Da By Vehicle Date Signed By Vehicle	Walk/Bike	
Place Signature of Parent or Guardian Place Signature of Parent or Guardian	First and Last Name of wing location(s) without adult Street Address Street Address	cof Child or Youth t supervision: City	By Vehicle Date Signed By Vehicle Date Signed	Walk/Bike Walk/Bike	
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