CCL. 034 Rev. 8/2011

Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities 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

ame of the Facility (exactly as stated on the license) License #								
Street Address of the Facility		City		Zip Code		County		
Street Address of the Facility		City		Zip Code		County		
						241		
First and Last Name of Child or \	may	go to the following	glocations	off the prer	nises	s with adu	it supervision:	
Thist and Last Name of Child of	Toutil							
Place	Street Address	3	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	3	City		By V	/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			
Place	Street Address	3	City		By V	/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			
Place	Street Address	3	City		By V	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date	Signed		

By Vehicle Walk/Bike	-		
Date Signed			
By Vehicle Walk/Bike	е		
Date Signed			
By Vehicle Walk/Bike	е		
Date Signed	Date Signed		
-			
By Vehicle Walk/Bike	е		
Date Signed	Date Signed		
-			
By Vehicle Walk/Bike	е		
Date Signed	Date Signed		
ONLY			
I ONLY Birth Date MM/DD/	YYYY		
Birth Date MM/DD/			
Birth Date MM/DD/			
Birth Date MM/DD/			
Birth Date MM/DD/	e		
Birth Date MM/DD/ By Vehicle Walk/Bike Date Signed	e		
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