CCL. 035
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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 GROUP OF CHILDREN TO ONE LOCATION

Name of Facility (exactly as stated on the license)			**License #**
Street Address of Facility	**City**	**Zip Code**	**County**

Children or Youth listed below may go on an off-premise trip to:_____

Located at:_____
Street City County

on _____.
(MM/DD/YYYY)

Time of Departure:_____ Estimated Time of Return:_____

Children or Youth will be traveling by: _____ Vehicle _____ Walking

Children or Youth will be supervised at all times by the following staff:

Staff Name_____ Staff Name _____
First Last First Last

Staff Name _____ Staff Name _____
First Last First Last

FIRST AND LAST NAME OF CHILD OR YOUTH	PARENT/GUARDIAN SIGNATURE GRANTING PERMISSION (Include First and Last Name)