Rev. 9/2003

Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone (785) 296-1270 Fax (785) 296-0803
Website: www.kdhe.state.ks.us/kidsnet/

PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS
GROUP OF CHILDREN TO ONE LOCATION

Name of the facility exactly as stated on the license or certificate			License/Certificate #
Street Address of the Facility	**City**	**Zip Code + 4**	**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: _____ Car _____ 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)