



PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS

Name of the facility exactly as stated on the license or certificate			License/Certificate #
Street Address of the Facility	City	Zip Code + 4	County

First and Last Name of Child or Youth _____ may go to the following locations off the premises with adult supervision:

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian				

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian				

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian				

Place	Street Address	City	By Vehicle	Walk
Signature of Parent or Guardian				

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