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.kdbeks.gov/kidenet



Website: www.kdheks.gov/kidsnet

PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)					License #			
Sancta Maria School, Inc. (F	Primary Maril	lee's/ Ana Grace	's class)		004	4538		
Street Address of the Facility		City		Zip Code	Zip Code		County	
1623 Elm Street		Eudora, KS		66025		Douglas		
				I.				
	may	go to the following	a locations	off the nrei	misas	: with adul	t supervision:	
First and Last Name of Child or		go to the followin	g locations	on the prei	111300	with addi	t supervision.	
Place		Street Address City				/ehicle	Walk/Bike	
nature walks	near 1623 E	Im Street	Eudora,	*			XXXXX	
Signature of Parent or Guardian	rdian				Date Signed			
Place	Street Address		City		By Vehicle		Walk/Bike	
Rec Center/ park	1630 Elm St	treet	Eudora, KS				XXXXX	
Signature of Parent or Guardian					Date Signed			
Place	Street Address	6	City	140	-	/ehicle	Walk/Bike	
Pumpkin patch		Lawrenc	e, KS		XXX			
Signature of Parent or Guardian					Date	e Signed		
Place	Street Address	5	City		Ву\	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
Place	Street Address	S	City		Ву	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
Place	Street Address	3	City		Ву\	/ehicle	Walk/Bike	
Signature of Parent or Guardian	l		1		Date	e Signed	I	
Place	Street Address	3	City		Ву	/ehicle	Walk/Bike	
Signature of Parent or Guardian			<u> </u>		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 TOOTITE	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	
Place Signature of Parent or Guardian Place Signature of Parent or Guardian Place Place	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 By Vehicle	Walk/Bike Walk/Bike	
Place Signature of Parent or Guardian Place Signature of Parent or Guardian Place Place	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 By Vehicle	Walk/Bike Walk/Bike	