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. (E | - Frdkinder class | sroom Christy's | s/ Sarah's d | class) | | | | |
| Street Address of the Facility | | City | , caraire c | Zip Code | | County | | |
| - | | | | - | | - | | |
| 1623 Elm Street | | Eudora, KS | | 66025 | 66025 Dougla | | | |
| | | | | | | | | |
| | may | go to the following | a locations | off the prei | mises | s with adul | t supervision: | |
| First and Last Name of Child or | | g | 9 | | | | | |
| Place | Street Address | | | | | /ehicle | Walk/Bike | |
| Medicalodges | 1415 Maple | 115 Maple Street Eudora, KS | | | | | XXXXX | |
| Signature of Parent or Guardian | | | | | Date Signed | | | |
| | | | | | | | | |
| Place | Street Address | | City | | By Vehicle | | Walk/Bike | |
| Eudora Rec.Center & grounds | 1630 Elm St | treet | Eudora, KS | | | | XXXXX | |
| Signature of Parent or Guardian | | | | Date | e Signed | | | |
| | | | | | | | | |
| Place | Street Address | | City | | By Vehicle | | Walk/Bike | |
| Holy Family Church | 409 E. 8th S | Street | Eudora, KS | | XXXXX | | | |
| Signature of Parent or Guardian | | | | | Date | e Signed | | |
| | | | | | | | | |
| Place | Street Address | | City | | | /ehicle | Walk/Bike | |
| St. Mary's Food Kitchen | 645 Nebraska | a Ave. | Kansas C | ity, KS | XXX | (XX | | |
| Signature of Parent or Guardian | | | | | Date Signed | | | |
| | | | | | | | | |
| Place | Street Address | 5 | City | | Ву \ | /ehicle | Walk/Bike | |
| Signature of Parent or Guardian | | | | | Date Signed | | | |
| | | | | | | | | |
| Place | Street Address | S | City | | Bv \ | /ehicle | Walk/Bike | |
| | | | | | _, | | | |
| Signature of Parent or Guardian | | | | | Date Signed | | | |
| | | | | | | | | |
| Place | Street Address | 3 | City | | Ву\ | /ehicle | Walk/Bike | |
| Signature of Parent or Guardian | <u>I</u> | | 1 | | Date | Signed | 1 | |

| | 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 | |