



**PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS**

<b>Name of the Facility (exactly as stated on the license)</b>			<b>License #</b>	
Sancta Maria School, Inc. (Erdkinder classroom-- Christy's/ Sarah's class)			-----	
<b>Street Address of the Facility</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>	
1623 Elm Street	Eudora, KS	66025	Douglas	

\_\_\_\_\_ may go to the following locations off the premises **with** adult supervision:

**First and Last Name of Child or Youth**

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
Medicalodges	1415 Maple Street	Eudora, KS	XXXXX	XXXXX
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
Eudora Rec.Center & grounds	1630 Elm Street	Eudora, KS		XXXXX
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
Holy Family Church	409 E. 8th Street	Eudora, KS	XXXXX	
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
St. Mary's Food Kitchen	645 Nebraska Ave.	Kansas City, KS	XXXXX	
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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**FOR SCHOOL AGE CHILDREN OR YOUTH ONLY**

I hereby authorize my **school age child** \_\_\_\_\_  
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	