

**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.kdheks.gov/kidsnet](http://www.kdheks.gov/kidsnet)



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

<b>Name of the Facility (exactly as stated on the license)</b>			<b>License #</b>	
Adventure Time Preschool			7099-016	
<b>Street Address of the Facility</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>	
5539 Quivira Road	Shawnee	66216-1969	Johnson	

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

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

<b>Place</b> All outside premises around atps building	<b>Street Address</b> 5539 Quivira Road	<b>City</b> Shawnee	<b>By Vehicle</b>	<b>Walk/Bike</b> Walk
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Rooms 109, 111, 200 201, 216-219, Foyers	<b>Street Address</b> 5539 Quivira Road	<b>City</b> Shawnee	<b>By Vehicle</b>	<b>Walk/Bike</b> Walk
<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>	

<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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Signature of Parent or Guardian			Date Signed	

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	