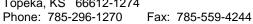
CCL. 034 Rev. 3/2017

Kansas Department of Health and Environment

Bureau of Family Health Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)					Lice	License #		
Adventure Time Preschool				7099-016				
Street Address of the Facility		City		Zip Code	Zip Code Co			
5539 Quivira Road		Shawnee		66216-1969 Johnso		Johnson		
		go to the following	g locations	off the prer	nises	with adult	supervision:	
First and Last Name of Child or	Youth							
Place All outside premises around atps building	Street Address 5539 Quivira			9	By Vehicle		Walk/Bike Walk	
Signature of Parent or Guardian					Date Signed			
Place Rooms 109, 111, 200	Street Address	<u> </u>	City		By \	/ehicle	Walk/Bike	
201, 216-219, Foyers 5539 Quivira							Walk	
Signature of Parent or Guardian					Date Signed			
Place	Street Address	.	City		By \	/ehicle	Walk/Bike	
O'								
Signature of Parent or Guardian					Date Signed			
				l				
Place	Street Address	.	City		Ву\	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
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Place	Street Address	3	City		Ву\	/ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
Place	Street Address	;	City	T	Ву\	/ehicle	Walk/Bike	
Signature of Doront or Occardior					D-4-	Ciancel		
Signature of Parent or Guardian					Date Signed			
Place	Street Address	3	City		Ву\	/ehicle	Walk/Bike	
Signature of Parent or Guardian			I		Date	Signed	<u>I</u>	

	Street Address	City	By Vehicle	
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			
			L	
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian	Date Signed	Date Signed		
			l l	
Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian	Date Signed	Date Signed		
	OR SCHOOL AGE CHIL	DREN OR YOUTH O	 NLY	
	child		NLY	
F I hereby authorize my school age o				ite MM/DD/YYYY
	child First and Last Name (of Child or Youth		ite MM/DD/YYYY
I hereby authorize my school age o	child First and Last Name (of Child or Youth		ite MM/DD/YYYY Walk/Bike
I hereby authorize my school age o To walk/bike to and from the followi	childFirst and Last Name on the control of	of Child or Youth t supervision:	Birth Da	
I hereby authorize my school age of the following the following place	childFirst and Last Name on the control of	of Child or Youth t supervision:	Birth Da	
I hereby authorize my school age of the following the following place	childFirst and Last Name on the control of	of Child or Youth t supervision:	Birth Da	
I hereby authorize my school age of To walk/bike to and from the following Place Signature of Parent or Guardian	First and Last Name on specific street Address	of Child or Youth t supervision:	By Vehicle Date Signed	Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place Signature of Parent or Guardian Place	First and Last Name on specific street Address	of Child or Youth t supervision:	By Vehicle Date Signed By Vehicle	Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place Signature of Parent or Guardian Place	First and Last Name on specific street Address	of Child or Youth t supervision:	By Vehicle Date Signed By Vehicle	Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place Signature of Parent or Guardian Place Signature of Parent or Guardian	First and Last Name of specific street Address Street Address	of Child or Youth t supervision: City City	By Vehicle Date Signed By Vehicle Date Signed	Walk/Bike Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place Signature of Parent or Guardian Place Signature of Parent or Guardian	First and Last Name of specific street Address Street Address	of Child or Youth t supervision: City City	By Vehicle Date Signed By Vehicle Date Signed By Vehicle Date Signed	Walk/Bike Walk/Bike
I hereby authorize my school age of To walk/bike to and from the following Place Signature of Parent or Guardian Place Signature of Parent or Guardian	First and Last Name of specific street Address Street Address	of Child or Youth t supervision: City City	By Vehicle Date Signed By Vehicle Date Signed By Vehicle Date Signed	Walk/Bike Walk/Bike