CCL.034 Rev. 07/2024 Curtis State Office Building Kansas Department of Health and Environment 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274

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FORM D

Permission Form for Children to go Off-Premises

Name of the Facility (exactly as state	ed on the license	e)			Lice	ense #	
Street Address of the Facility		City		Zip Code	County		
First and Last Name of Child or	may Youth	go to the following	g locations o	off the prer	nises	s with adult	supervision:
Place	Street Address	s City			By Vehicle		Walk/Bike
Signature of Parent or Guardian					Date	e Signed	
Place	Street Address	S	City		By Vehicle		Walk/Bike
Signature of Parent or Guardian					Date	e Signed	
Place	Street Address	3	City		Ву \	/ehicle	Walk/Bike
Signature of Parent or Guardian					Date	e Signed	
Place	Street Address	3	City		Ву \	/ehicle	Walk/Bike
Signature of Parent or Guardian					Date	e Signed	
				1			
Place	Street Address	3	City		Ву \	/ehicle	Walk/Bike
Signature of Parent or Guardian					Date	e Signed	
Place	Street Address	3	City		Ву \	/ehicle	Walk/Bike
Signature of Parent or Guardian					Date	e 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			
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	n		Date Signed	.
l hereby authorize my school a	For School Age Chil	dren or Youth	Only	
I hereby authorize my school a First and Last Name of Child o To walk/bike to and from the fo	age child or Youth			e MM/DD/YYYY
First and Last Name of Child o	age child or Youth			e MM/DD/YYYY Walk/Bike
First and Last Name of Child o	age child or Youth ollowing location(s) without a	ndult supervision:	Birth Date	
First and Last Name of Child on To walk/bike to and from the for Place	age child or Youth ollowing location(s) without a	ndult supervision:	Birth Date	
First and Last Name of Child on To walk/bike to and from the for Place	age child or Youth ollowing location(s) without a	ndult supervision:	Birth Date	
First and Last Name of Child of To walk/bike to and from the for Place Signature of Parent or Guard	age child or Youth ollowing location(s) without a Street Address ian Street Address	dult supervision:	Birth Date By Vehicle Date Signed	Walk/Bike
First and Last Name of Child of To walk/bike to and from the for Place Signature of Parent or Guard Place	age child or Youth ollowing location(s) without a Street Address ian Street Address	dult supervision:	By Vehicle Date Signed By Vehicle Date Signed	Walk/Bike Walk/Bike
First and Last Name of Child of To walk/bike to and from the for Place Signature of Parent or Guard Place Signature of Parent or Guard	age child or Youth ollowing location(s) without a Street Address ian Street Address ian	dult supervision:	By Vehicle Date Signed By Vehicle Date Signed By Vehicle Date Signed	Walk/Bike
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