

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: 785-296-0803
Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Olpe Early Childhood Education Center			License # 0073616-002	
Street Address of the Facility 314 W Listerscheid PO Box 203	City Olpe	Zip Code 66865	County Lyon	

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

First and Last Name of Child or Youth

Place Olpe Jones Park	Street Address 314 W Listerscheid	City Olpe	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place OES Library	Street Address 314 W Listerscheid	City Olpe	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place OES Cafeteria	Street Address 314 W Listerscheid	City Olpe	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place OHS Gymnasium	Street Address 314 W Listerscheid	City Olpe	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place OHS FACS Room	Street Address 314 W Listerscheid	City Olpe	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place OHS Greenhouse	Street Address 314 W Listerscheid	City Olpe	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place Murphy Oil	Street Address 210 W. Hwy 99	City Olpe	By Vehicle	Walk/Bike Walk
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	

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	

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	