

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) Neosho Rapids Early Childhood Education Center			License # 0073660-004	
Street Address of the Facility 240 N. Commercial	City Neosho Rapids	Zip Code 66864	County Lyon	

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

First and Last Name of Child or Youth

Place Neosho Rapids Jones Park	Street Address S. Commerical	City Neosho Rapids	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

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

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

Place NRES Music Room	Street Address	City Neosho Rapids	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place NRES Big Playground	Street Address	City Neosho Rapids	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place NR Fire Station	Street Address N. Main Street	City Neosho Rapids	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	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	

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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	

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	