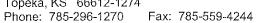
CCL, 034 Rev. 3/2020

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)					License #			
Faith Lutheran School					0007196			
Street Address of the Facility		City		Zip Code		County		
208 S. Derby Ave.		Derby		67037		Sedgwick		
First and Last Name of Child		go to the foll	owing locations	off the prer	mises	<b>with</b> adu	ılt supervision:	
Place	Street Address		Cîty		By Vehicle		Walk/Bike	
Faith Lutheran Church	214 S. Derb			Derby			X	
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				By Vehicle		Walk/Bike	
Signature of Parent or Guardian					Date Signed			
				1				
Place	Street Address	City		By Vehicle		Walk/Bike		
Signature of Parent or Guardian					Date Signed			
Place	Street Address		City		Bv V	ehicle	Walk/Bike	
					_			
Signature of Parent or Guardian					Date Signed			
Place	Street Address		City		Bv V	ehicle	Walk/Bike	
		•						
Signature of Parent or Guardian					Date Signed			
Place	Street Address		City		_	ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			