CCL. 035 Rev. 07/2024 Curtis State Office Building Kansas Department of Health and Environment 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274

Phone: 785-296-1270 | Fax 785-559-4244

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Group Permission Form for Children to go Off-Premises (One Location)

						License #	License #	
Street Address of Faci	lity		City		Zip Code	County		
Children or Youth listed	below may go o	on an of	f-premise	trip to:			_	
Located at:Stree				0.1			_	
on (MM/DD/YYYY)	et 			City	(County		
(MM/DD/YYYY)								
Time of Departure:		E	stimated ¹	Γime of Retu	rn:			
Children or Youth will be t	traveling by:		Vehi	cle	Walkin	g		
Children or Youth will be	supervised at all t	imes by	the follow	ing staff:				
Staff Name				Staff Name	First	·····	_	
First Staff Name		Last		Staff Name	First	Last	_	
Staff NameFirst		Last		-	First	Last	-	
First and Last Name of Child		or Youth		Parent/Guardian Signature Granting Permission (Include First and Last Name)				
							_	