

PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS GROUP OF CHILDREN TO ONE LOCATION

Name of Faci	ility (exactly as stated	on the license)	License #		
Street Addres	ss of Facility	City		Zip Code	County
hildren or You	th listed below may g	o on an off-premis	e trip to:		
ocated at:	Street				
ו (MM/DD/YY	YY)		City		County
me of Departu	ure:	Estim	ated Time of Ret	urn:	
hildren or You	th will be traveling by	:	Vehicle	Wal	king
hildren or You	th will be supervised	at all times by the f	following staff:		
taff Name			Staff Name	e	Last
taff Name	First First	Last	Staff Name	First	Last Last
	First	Last		First	Last
					N SIGNATURE GRANTING
FIRST AN	ID LAST NAME OF CH		PERMI	SSION (Inclu	ude First and Last Name)