

Kansas Department of Health and Environment

Bureau of Family Health
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 Fax: 785-559-4244
Website: www.kdheks.gov/kidsnet

Child Care Licensing Program



PARENTAL PERMISSION FORM FOR OFF -PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
St. Michael the Archangel Preschool			0057102-008	
Street Address of the Facility		City	Zip Code	County
14201 Nall Avenue		Overland Park	66223	Johnson

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

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
St. Michael the Archangel Campus and Education Center	14201 Nall Avenue	Overland Park		Walk
Signature of Parent or Guardian (X)			Date Signed (X)	

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	

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