

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

Name of Fac	ility (exactly as stated	on the license)		Lie	cense #	
Street Addre	ess of Facility	City	Z	ip Code	County	
Children or You	uth listed below may g	o on an off-premise	e trip to:		·	
ocated at:						
n	Street		City		County	
(MM/DD/Y)	YYY)					
ime of Depart	ure:	Estima	ated Time of Ret	urn:		
Children or You	uth will be traveling by	:	Vehicle	Wall	king	
Children or You	uth will be supervised	at all times by the f	ollowing staff:			
Staff Name			Staff Name			
Staff Name	First	Last	Staff Name	First	Last	
	First	Last		First	Last	
	ND LAST NAME OF CH		PARENT/GUARDIAN SIGNATURE GRANTING PERMISSION (Include First and Last Name)			
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