



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) MUNCHKINLAND AND MORE			License # 0078340	
Street Address of the Facility 401 SOUTH WALNUT	City IOLA	Zip Code 66749	County ALLEN	

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

First and Last Name of Child or Youth

Place RIVERSIDE PARK	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place GAS CITY PARK	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place HUMBOLDT POOL	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place LA HARPE PARK	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place WAL-MART	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place IOLA PUBLIC LIBRARY	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place IOLA SCHOOLS	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place DAIRY QUEEN	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place HUMANITY HOUSE	Street Address	City	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place ACARF	Street Address	City	By Vehicle X	Walk/Bike
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	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

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	

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	