



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Riverside Summer Scape			0058670-008	
Street Address of the Facility	City	Zip Code	County	
327 S. West	Emporia	66801	Lyon	

_____ 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
Jones Aquatic	4202 W. 18th	Emporia	Bus	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Rollers	701 Graham	Emporia	Bus	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Movie Theatre	1614 Industrial	Emporia	Bus	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Jones Park	19th + Prairie	Emporia	X	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Peter Pan Park	Kansas + Congress	Emporia		walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Emporia Zoo	75 Soden Rd	Emporia	bus	walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Flintheads Lanes	1519 W. 6th	Emporia	bus	
Signature of Parent or Guardian			Date Signed	

Place <i>ESU</i>	Street Address <i>1200 Commercial</i>	City <i>Emporia</i>	By Vehicle <i>bus</i>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Walnut</i>	Street Address <i>801 Grove Ave.</i>	City <i>Emporia</i>	By Vehicle <i>bus</i>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place <i>Emporia Family Fun Center</i>	Street Address <i>1004 E. 12th Ave</i>	City <i>Emporia</i>	By Vehicle <i>bus</i>	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	