



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Beverly Rucker			0043 679-006	
Street Address of the Facility	City	Zip Code	County	
1224 Royal Avenue	Hoxie	67740	Sheridan	

_____ 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
Hoxie Main Street	600 Main - 1200 Main	Hoxie		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Library	801 Royal Avenue	Hoxie		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Grade School	1117 Royal Avenue	Hoxie		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
High School	1625 Queen	Hoxie		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Kiddy Park	1301 14 th Street	Hoxie		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Swim Pool/Park	1300 Sheridan Ave	Hoxie		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Catholic Church	924 17 th Street	Hoxie		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Sheridan Co. Health	Street Address 826 18 th Street	City Hoxie	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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Signature of Parent or Guardian			Date Signed	

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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	