



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Elizabeth B Ballard Community Center			0000160-008	
Street Address of the Facility	City	Zip Code	County	
708 Elm st	Lawrence	66044	Douglas	

_____ 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
Neighborhood walk	4 th to Ash st	Lawrence		walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Lyons Park	7 th + Lyons	Lawrence		walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
John Taylor Park	7 th + Walnut	Lawrence		walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Woodlawn Elementary	508 Elm st	Lawrence		walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
The Levy	Access at 3 rd st	Lawrence		walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Neighborhood walk	7 th + Locust	Lawrence		walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Midland Care Center	319 Perry St	Lawrence		walk
Signature of Parent or Guardian			Date Signed	