SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)		DATE	
CIONATURE (PARENTIC), CHARDIAN OR DECIGNED	FROM:	TO:	
DATE OF ACTIVITY	PERMISSION GRANT	PERMISSION GRANTED EFFECTIVE	
TIME OF LEAVING	TIME OF EXPECTED	RETURN	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERV	VISION)		
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)			
ESCATION			
LOCATION			
ACTIVITY			
NAME OF CHILD			

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR CHILD CARE REGULATION PERMISSION FOR CHILD TO LEAVE FACILITY

PERMISSION FOR CHILD TO LEA	AVE FACILITY		
NAME OF CHILD			
ACTIVITY			
LOCATION			
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)			
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)			
TIME OF LEAVING	TIME OF EXPECTED RET	TURN	
	12 5. 2.4 25.22 1.2	o.u.	
DATE OF ACTIVITY	PERMISSION GRANTED	PERMISSION GRANTED EFFECTIVE	
	FROM:	то:	
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)		DATE	

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