



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PERMISSION FOR CHILD TO LEAVE 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 RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
	<b>FROM:</b> <b>TO:</b>
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO 580-2036 (11-07)

BCC-18



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