



# Photo Release Form



Child's Name: \_\_\_\_\_

I authorize permission for my child to be photographed/videoed for the **local newspaper or television station.**

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

I authorize permission for my child's picture to appear on the **web site** of the First Presbyterian Church  
www.firstpreslawrence.org.

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

I authorize permission for my child's picture to appear on the **FPC First 5 Years (PRIVATE) Facebook page.**

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

CCL 034  
Rev. 3/2017

**Kansas Department of Health and Environment**  
Bureau of Family Health  
Child Care Licensing Program  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Phone: 785-296-1270 Fax: 785-559-4244  
Website: www.kdheks.gov/kidsnet



## PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
First Presbyterian Church First 5 Years			0007207-023	
Street Address of the Facility	City	Zip Code	County	
2415 Clinton Parkway	Lawrence	66047	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
First Presbyterian Church	2415 Clinton Parkway	Lawrence		X
Signature of Parent or Guardian			Date Signed	