INSECT REPELLANT/SUNBLOCK FORM

Child’s Name __________________________ Date ____________

We ask parents to apply insect repellant and sunblock when needed before children come to school in the morning. For children who stay for the afternoon, Fort Hill teachers will apply “Off Familycare” insect repellent with 7% N,N-Diethyl-meta-toluamide (DEET) and “CVS Kids Sunscreen SPF 70” with your permission. If you have questions regarding this, please contact the Fort Hill office.

I give my permission to the Fort Hill staff to apply:

_____ yes  _____ no  “Off Familycare” insect repellent

_____ yes  _____ no  “CVS Kids Sunscreen SPF 70”

Parents’ Signature:  __________________________________________
(Both parents where applicable)  __________________________________________

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