INSECT REPELLENT/SUNSCREEN FORM

Child’s Name _________________________________ Date __________________

We ask parents to apply insect repellent and sunscreen 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 “Loving Naturals Clear Body SPF+ Sunscreen UVA/UVB” with active ingredient: Non-Nano Zinc Oxide 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 “Loving Naturals Clear Body SPF 30+ Sunscreen Non-Nano Zinc Oxide UVA/UVB”

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

____________________________________

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