INSECT REPELLANT/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 sunscreen and/or insect repellent with your permission. Please indicate what sunscreen/insect repellant you will provide.

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

Name of Sunscreen: __________________________________________

Name of Insect Repellant: ___________________________________

Parents’ Signature: __________________________________________
(Both parents where applicable)

____________________________________

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6/16