



741 S. Pennsylvania Ave.
Winter Park, FL 32789

Sunscreen/Bug repellent Permission Form

I give Winter Park Day Nursery personnel permission to apply _____
(Name of sunscreen/insect repellent)

to _____
(Name of child)

From: ____/____/____ To: ____/____/____ (not to exceed one year)

All sunscreen and insect repellent will be provided by the parent/guardian in the original container, with a valid expiration date, where applicable, labeled clearly with the child's name, and given directly to the child's teacher. Insect repellent or combination repellent and sunscreen will be applied one time per day in the morning based on guidelines from the American Academy of Pediatrics. Sunscreen without insect repellent will be applied before going outside in both the morning and afternoon.

Special Instructions:

Parent/Guardian Signature

Date