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