

Permission to Administer Insect Repellent & Sun Screen

Child's name _____

Grade _____ Teacher /Advisor _____

___ I/we give permission for _____ to carry and self apply insect repellent and/or sun screen as specified below.

___ I/we give Renbrook School permission to apply (or help my child apply) insect repellent and/or sun screen during school as specified below:

Name of repellent _____

Frequency of use _____

Name of sun screen _____

Frequency of use _____

If there is evidence of a reaction to this repellent or sun screen, please discontinue its use and contact me / us immediately (as indicated on the emergency form on file).

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

NOTES TO PARENTS / GUARDIANS:

- **No aerosol sprays are permitted. Please provide pump-style repellent and sun screen.** The insect repellent and sun screen listed above must be supplied by the parent/guardian. It must be in the manufacturer's container with original label containing dosage instructions and expiration date. It must be permanently labeled with your child's name and placed in a Ziploc bag.
- We encourage members of the community to wear long sleeves and pants for additional protection against insect bites.
- Please submit completed form as follows:
 - Upper School: Lisa Terwilleger
 - Lower School/ELC: Classroom Teacher