



Permission to Administer Topical Insect Repellent

Authorization must be provided for staff to apply over-the-counter insect repellent.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____ Insect Repellent Expires: _____

Name of Insect Repellent _____

From : ___ / ___ / ___ To: ___ / ___ / ___ *Permission may be given for up to 12 months*

Apply liberally to:

- all exposed skin other (specify) _____

When:

- before going outside in the afternoon before all outdoor activity

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature

Date

Please fill out all fields, sign, and bring to the Front Desk.