**Permission**

**To Apply Sunscreen/Insect Repellent**

(Name of child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for **St. Paul’s Lutheran Early Childhood** Staff to apply insect repellent and a sunscreen

product of SPF 15 or higher to my child, as specified below, when he or she will be playing outside, especially

during the months of March through October and between the daily times of 10 a.m. and 4 p.m. Sunscreen and insect

repellent **THAT THE CENTER HAS PROVIDED** may be applied to exposed skin, including but not limited to the face,

tops of the ears, nose and bare shoulders, arms and legs.

□ **DUE TO ALLERGY,** I have provided the following brand/type of sunscreen for use on my child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ For medical or other reasons, please do not apply sunscreen to my child.

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□ **DUE TO ALLERGY,** I have provided the following brand/type of insect repellent for use on my child:

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□ For medical or other reasons, please do not apply insect repellent to my child.

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Parent’s full name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_