

## SUNSCREEN/INSECT REPELLANT PERMISSION FORM

Student

Name: \_\_\_\_\_ School/Classroom: \_\_\_\_\_

There are times your student will be outside for extended periods of time, this will happen throughout the year. This permission covers sunscreen application and insect repellent during the school year and summer session.

### SELECT ONE BELOW

\_\_\_\_ I give permission for the use of sunscreen on my student.

\_\_\_\_ I do **NOT** give permission for the use of sunscreen on my student.

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(Signature Parent/Guardian and DATE)

(Signature Adult Student and DATE)

\_\_\_\_ I give permission for the use of insect repellent on my student.

\_\_\_\_ I do **NOT** give permission for the use of insect repellent on my student.

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(Signature Parent/Guardian and DATE)

(Signature Adult Student and DATE)