SUNSCREEN & INSECT REPELLENT
SUMMER Authorization Form

Child's Full Name: _____ Class: _____

Name of Sunscreen/Insect Repellent _____

Sunscreen &/or Insect Repellent will be applied before the afternoon playtime.

Apply once daily on the following dates: _____

_____ _____

Parent/Guardian Signature Date

For Center Use:

Date	Time Applied	Applied By (Full Signature)	Any Adverse Reaction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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