



Permission to Administer Sunscreen/Insect Repellant

Item must be provided in its original container and labeled clearly with child's name.

Child's Name: _____

Name of Ointment: _____

Expiration Date: _____ Amount to Apply: _____

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

Apply to:

All exposed skin Other: _____

When:

before going outside in the afternoon
 Other: _____ *We cannot accept "as needed"*

I give permission to the Legacy Center to apply the sunscreen/insect repellant above as instructed.

Parent Signature

Date