

## Permission slip

If you would like for us to apply any of the following items to your child, please provide us with unexpired bottles of age appropriate medicine, labeled with your child's first and last name. Please check off below and sign. This form must be signed every 6 months.

- Broad-spectrum Sunscreen
- Bug repellent (only for children over 2 months):  
name of repellent w/DEET \_\_\_\_\_ and  
applied according to the label
- Any powders, creams, ointments or lotions

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Child's Name (please print)

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Parent's Signature/

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Date