

Sunscreen and Insect Repellant Form 2019 SUMMER CAMP

Date _____

Student's Name _____

- I hereby give permission any and all staff members at Crestview Montessori School to apply the sunscreen and/or insect repellent that I have provided Crestview Montessori School for my child, based on the needs of the day.

Name of Sunscreen _____

Name of Insect Repellant _____

Parent Signature

Date

**THIS FORM WILL BE ACCOMPANIED BY THE
SUNSCREEN AND/OR INSECT REPELLANT**