

EJ PERRY SPORTS CAMP

AUTHORIZATION FOR Insect Repellant APPLICATION

Name of Camper _____

- I _____ (parent or legal guardian) give the staff of EJ PERRY SPORTS CAMP(FOOTBALL) permission to apply insect repellant checked off below.

- I _____ (parent or legal guardian) give my child permission to apply insect repellant

*****Insect repellant must be provided by parent only(must be given to nurse on check in)

Signature of parent or guardian

Date