

Ascension Episcopal Day School

BUG SPRAY & SUNSCREEN APPLICATION PERMISSION FORM

Please complete all items below. For families with multiple children enrolled, we will need a separate form completed per child. Thank you!

FIRST & LAST NAME OF CHILD: _____

INFORMATION NECESSARY FOR BUG SPRAY APPLICATION:

Brand of bug spray: _____

Expiration date of bug spray: _____

INFORMATION NECESSARY FOR SUNSCREEN APPLICATION:

Brand of sunscreen: _____

Expiration date of sunscreen: _____

By signing below, I authorize AEDS employees to apply bug spray and/or sunscreen to my child, as needed, for protection during outdoor play. I understand that I am responsible for applying both in the morning ahead of drop-off, and that both will be reapplied in the afternoon when weather permits outdoor play in the afternoon.

Parent/Guardian 1: _____
print name *signature*

Parent/Guardian 2: _____
print name *signature*

****This form is only valid for one year. It must be completed annually. Expired sunscreen and bug spray cannot be used and will be returned or discarded. A new form will be required whenever new bottles of either sunscreen or bug spray are dropped off at school.**