

## Parent's/Guardian's Permission to Apply Sunscreen/Insect Repellent to Child

Name of Child \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for my child to have a sunscreen product of SPF 15 or higher applied, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. while he/she is in the care of (Child Care Business) \_\_\_\_\_. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child.

	I do not know of any allergies my child has to sunscreen.
	Staff may use the sunscreen of their choice following the directions of recommendations printed on the bottle.
	I have provided the following brand/type of sunscreen for use on my child _____
	My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen: _____
	For medical or other reasons, please do not apply sunscreen to the following areas of my child's body: _____
	Do NOT apply sunscreen to my child.

As the parent or guardian of the above child, I recognize that some insects may sting my child during outdoor play. Most insect repellents are effective for preventing bites by mosquitoes, ticks, fleas, chiggers, and biting fleas. They have almost no effect on stinging insects such as bees, hornets, and wasps. Therefore, I give my permission for my child to have an insect repellent product that contains no more than **10% DEET** for children under the age of 2 years or containing up to **30% DEET** for children over the age of 2 years applied while he/she is in the care of (Child Care Business) \_\_\_\_\_. Insect repellents containing 10% DEET provide protection, but require reapplication every 1-2 hours to remain effective. I understand that insect repellent may be applied to exposed skin. I have checked all applicable information regarding the type and use of insect repellent for my child.

	I do not know of any allergies my child has to insect repellent.
	Staff may use the insect repellent of their choice following the directions of recommendations printed on the bottle.
	I have provided the following brand/type of insect repellent for use on my child _____
	My child is allergic to some insect repellents. Please only use the following brand(s) and type(s) of insect repellent: _____
	For medical or other reasons, please do not apply insect repellent to the following areas of my child's body: _____
	Do NOT apply insect repellent to my child.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_