

## Permission to Apply Insect Repellent and/or Sun Screen to Child

Center Name:	Broadway Kids Academy		
Child's Name:		Child's Age:	

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***insect repellent*** on my child:

Staff may apply the center's ***insect repellent*** according to the directions on the product label.

I do not know of any allergies my child has to children's ***insect repellent***.

My child is allergic to some ***insect repellents***. I have provided the following brand/type of ***insect repellent*** for use on my child:

\_\_\_\_\_  
Please DO NOT apply ***insect repellent*** to the following areas of my child's body:

\_\_\_\_\_  
**Please do not apply insect repellent to my child.**

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date:

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***sun screen*** on my child:

Staff may use the center's ***sun screen*** according to the directions on the product label.

I do not know of any allergies my child has to children's sun screen.

My child is allergic to some ***sun screens***. I have provided the following brand/type of ***sun screen*** for use on my child:

\_\_\_\_\_  
Please DO NOT apply ***sun screen*** to the following areas of my child's body:

\_\_\_\_\_  
**Please do not apply sun screen to my child.**

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date: