

SU00122

**SUN PROTECTION AND INSECT REPELLENT CONSENT FORM**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent(s)/guardian(s) grant **The Vine Early Learning, Inc.** permission to apply sun protection and/or insect repellent to my/our child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I acknowledge that application of either product: **Equate Kids Broad Spectrum SPF 30 and Off Family Care Smooth and Dry Insect Repellent with Deet or similar** may be use at the discretion of any staff during the hours my/our child is present. I/We acknowledge that the use of either product may be applied to exposed skin areas of my/our child which may include but is not limited to the face, ears, nose, shoulders, arms, legs, and feet.

By initialing below:

\_\_\_\_\_\_\_ I/We am/are unaware of any allergies to sun protection products or insect repellents.

 \_\_\_\_\_\_\_ For medical reasons, my/our child can only use the following brand(s)/type(s) of sun protection or insect repellent products:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_ I/We give full consent to The Vine Early Learning, Inc. to protect my/our child.

\_\_\_\_\_\_\_ I/We do not consent to the use of any sun protection or insect repellent products on my/our child. In declining my/our consent, I/we recognize that too much exposure to UV rays may increase my/our child’s risk of developing skin cancer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature