

AUTHORIZATION TO ADMINISTER SUNSCREEN OR INSECT REPELLENT

Child's Name: _____

Name of Sunscreen: _____

Name of Insect Repellent: _____

Parent Signature: _____

Date: _____

**We can administer sunscreen as well as insect repellent if it is in the ORIGINAL container. The container must have the child name on it and this form must be filled out and signed. Thank you.