

Sunscreen & Insect Repellent Release Form

Please return this form with your child's sunscreen & insect repellent labeled with the child's first and last name.

Child's Name _____

Parents please note, we apply sunscreen and insect repellent on a regular schedule throughout the day.

Please check all applicable information regarding the type and use of [sunscreen](#) for your child:

I have provided the following brand/type of sunscreen for use on my child:

My child is allowed to apply his/her own sunscreen with teacher supervision.

My child is allergic to some sunscreens. Please explain:

Please check all applicable information regarding the type and use of [insect repellent](#) for your child:

I have provided the following brand/type of insect repellent for use on my child:

My child is allergic to some insect repellents. Please explain

Parent Signature _____

Date: _____

