

Sunscreen & Insect Repellant Authorization Form

**Child's
Name**

- **This form is valid for the six month period of September - February and replaces all previous authorizations. Any changes to this form must be made in writing.**
- A separate form is required for each child.
- Please check all that apply.
- Product ingredient information is located on the Parent Information board in the main entrance hallway. Copies are also available in the office.
- **Any product provided by you must be in the original container and have your child's name written on it.**

Sunscreen

	Please use the sunscreen products provided by Learning Ladder: Product Name: Rocky Mountain Sunscreen SPF: 15 or higher
	Please use the following sunscreen that I will provide: Product Name: SPF:
	I do not want sunscreen applied to my child

Insect Repellant

	Please use the Insect repellant products provided by Learning Ladder: Product Name: OFF! Skintastic Insect Repellant % DEET: 7%
	Please use the following insect repellant that I will provide: Product Name: % DEET:
	I do not want insect repellant applied to my child

Notes and Special Instructions:

Parent
Name

Date

Parent
Signature