

**AUTHORIZATION TO APPLY  
SUNSCREEN/INSECT REPELLANT**

School Year Date: \_\_\_\_\_

Summer Camp Date: \_\_\_\_\_

I HEREBY AUTHORIZE THE STAFF AT APPLETREE II PERMISSION TO APPLY INSECT REPELLANT/SUNSCREEN TO MY CHILD AS STATED BELOW:

INSECT REPELLANT/SUNSCREEN: AVON SKIN SO SOFT BUG GUARD PLUS REPELS MOSQUITOES AND REPELS DEER TICKS. PROVIDES SPF 30 SUNSCREEN. WATER-RESISTANT. HYPOALLERGENIC AND DERMATOLOGIST-TESTED.

DOSE: IF DOSE IS APPLIED, IT WILL BE APPLIED BEFORE GOING OUTSIDE IN THE AFTERNOON (WITHIN A HALF HOUR OF GOING OUTSIDE)

CHILD'S NAME: \_\_\_\_\_

ANY KNOWN ADVERSE REACTIONS? (PLEASE CIRCLE):    YES                      NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PARENT'S  
AUTHORIZATION/SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STAFF TO NOTE/DATE ANY ADVERSE REACTIONS: