

**AUTHORIZATION TO APPLY
SUNSCREEN/INSECT REPELLANT
April 1,2020 - December 31, 2020**

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: