

Permission Form

Please take some time to apply the sunscreen & insect repellent at home before coming to the center. If you do not have time to apply sunscreen, please sign this permission form below.

Permission to Use Sunscreen

I give my permission to Little River Day School staff to apply sunscreen to my child, _____, as needed. The LRDS staff will apply sunscreen to exposed skin areas before going outside on warm, sunny days.

I will provide a sunscreen with sun protection (SPF) of 15 or more (without Poba is recommended). Poba gives some children blotchy rashes. **I will mark my child's name on his or her sunscreen in a PLASTIC container with a permanent marker.**

Signature of Parent/ Guardian: _____ Date: _____

Permission to Use Insect Repellent

I give my permission to Little River Day School staff to apply insect repellent to my child, _____, as needed. LRDS staff will apply insect repellent to exposed skin areas before going outside.

I will provide insect repellent, appropriate for the age and **I will mark my child's name on his or her insect repellent container with a permanent marker.**

Signature of Parent/ Guardian: _____ Date: _____