



## Permission for Topical Application (Sunscreen & Insect Repellent)

Child's Full Name: \_\_\_\_\_ Class Name: \_\_\_\_\_

Product Name(s): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Purpose: ☐ Sunscreen ☐ Insect Repellent ☐ Other

Application Instructions (please include frequency and amount): \_\_\_\_\_

Time of Day: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Place on the Body: ☐ Face ☐ Arms ☐ Legs ☐ Exposed Skin

May be applied by: ☐ Child ☐ Adult

### Please Note:

- The School will not be held responsible for any adverse reactions to the products.
- Please try any products at home BEFORE asking School to apply.
- Children will NOT be allowed to share product nor will the School provide.

### Product Delivery Instructions:

- Place product(s) and permission slip in a closed plastic bag, labelling both the bag and the product(s) with your child's name.
- Bag containing product should be delivered directly to Aidan's School Nurse to be delivered to the appropriate staff member.
- Do NOT send bag containing product and permission slip in a lunch bag or backpack.
- Each child requires their own permission slip and products.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_