

Parent's/Guardian's Permission to apply Bug Spray to Child

Name of Child (first and last):

As the parent or guardian of the above child, I give permission for personnel at Peace of Mind Playschool to apply the Bug Spray that I have listed below, between the daily times of 8 a.m. and 4 p.m. and during the months of May, June, July and August. I understand that bug spray may be applied to exposed skin. I have checked all applicable information regarding the type and use of bug spray for my child:

☐ I do not know of any allergies my child has to bug spray.

☐ I have provided the following brand/type of bug spray for use on my child:

☐ Provider may use brand of their choice on my child. (Currently using Badger brand bug spray and Green Mountain Tick Repellent for ticks. Both are DEET free.)

☐ For medical or other reasons, please do not apply bug spray to the following areas of my child's body:

Parent/Guardian Full Name (print):

Parent/Guardian Signature: _____ Date: _____