



# Sunscreen & Insect Repellant Permission Form

## Sunscreen Permission

Name of Child: \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at **Oak Park Early Learning Academy** to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when s/he will be playing outside, especially during the months of March through October and between the times of 10 am and 4 pm.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have initialed below **ALL** applicable information for the use of sunscreen for my child:

- \_\_\_\_\_ I do not know of any allergies my child has to sunscreen.
- \_\_\_\_\_ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen that I have labeled and sent: \_\_\_\_\_
- \_\_\_\_\_ I have provided the following brand/type of sunscreen for use for my child: \_\_\_\_\_
- \_\_\_\_\_ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: \_\_\_\_\_

Note: Do not rely on sunscreen alone to protect children from skin cancer.

## Insect Repellant Permission

I give permission for the staff at Oak Park Early Learning Academy to apply a bug spray product to my child, as specified below, when s/he will be playing outside, especially during the months of April through October and between the daily time of 10 am and 4 pm.

I have initialed below **ALL** applicable information for the use of bug spray for my child:

- \_\_\_\_\_ I do not know of any allergies my child has to bug spray.
- \_\_\_\_\_ My child is allergic to some bug spray. Please use **ONLY** the following brand(s)/type(s) of bug spray that I have labeled and sent: \_\_\_\_\_
- \_\_\_\_\_ I have provided the following brand/type of bug spray for use for my child: \_\_\_\_\_
- \_\_\_\_\_ For medical or other reasons, please do **NOT** apply bug spray to the following areas of my child's body: \_\_\_\_\_

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Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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