



## Permission to Administer Sunscreen / Insect Repellent

*Item must be provided in its original container and labeled clearly with the child's name.*

Child's Name: \_\_\_\_\_

Name of Ointment: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ *(We cannot use aerosol sprays)*

From : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *Permission may be given for up to 12 months*

Amount to Apply:  dime-sized amount  quarter-sized amount

Apply to:  all exposed skin  other (specify) \_\_\_\_\_

When:  before going outside in the afternoon  
 other(specify) \_\_\_\_\_ *We cannot accept "as needed"*

I give permission to The Legacy Center to apply the sunscreen/insect repellent listed above as instructed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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