



Sunscreen/Bug repellent Permission Form

I give Montessori School of Aberdeen, Inc. personnel permission to apply

_____ to

(Name of sunscreen/insect repellent)

(Name of child)

All sunscreen and insect repellent will be provided by the parent/guardian in the original container, with a valid expiration date, where applicable, **labeled clearly with the child's name, and given directly to the child's teacher.** Please apply before coming to school.

We will reapply during the day as needed. During summer, we will make sure it is applied after each swim period. without insect repellent will be applied before going outside in both the morning and afternoon.

Special Instructions:

Parent Signature

Date