****

**Sunscreen/Insect Repellent**

**Permission Slip**

**If you would like for your child to have sunscreen or insect protection, please sign below. Return this form and the sunscreen/insect repellent to the front desk. Please label the sunscreen/repellent with your child’s first and last name and the date of purchase. To avoid the possibility of a skin reaction, please test the sunscreen/repellent you choose on your child at home prior to bringing to the program. We ask that you attached a current photo of your child below for security.**

**I give Early Care and Education permission to apply the sunscreen/insect repellent that I have provided for my child.**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach a current picture of your child in the section below:**