



## SUNSCREEN PERMISSION FORM

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give **Bibs to Bookbags Child Care Centre** permission to apply EQUATE KIDS SUNSCREEN LOTION SPF 60 on my child as directed by label. 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: \_\_\_\_\_

\_\_\_\_\_ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: \_\_\_\_\_

## BUG SPRAY PERMISSION FORM

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give **Bibs to Bookbags Child Care Centre** permission to apply OFF FAMILYCARE INSECT REPELLENT on my child as directed by label.

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: \_\_\_\_\_

\_\_\_\_\_ For medical or other reasons, please do **NOT** apply bug spray to the following areas of my child's body: \_\_\_\_\_

\*A \$5.00 fee (per child) will be charged once per year.

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

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