



Parent Request for No Insect Repellent

Form provided by the Health Consultant Team at Child Care Aware® of North Dakota

Name of child: _____ Date of Birth: _____ Age: _____

My child is 2 months or older

Please do not apply insect repellent to my child

As the parent/guardian, I recognize that insect bites pose a risk of an allergic reaction and disease. I understand that my child will be taken outside on a daily basis (weather permitting).

I will not hold _____ liable for any insect bites or reactions/disease related to insect bites.
(Name of provider/facility)

Expiration date of permission form: _____

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____ Date: _____

Sources used:
Insect Repellent Consent, California Childcare Health Program, 2004
Tom Copeland, Red Leaf Institute

Revised 7/15