



Parent Request for No Insect Repellent

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

- My child is 2 months or older
- 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 daily (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, www.tomcopelandblog.com

Form provided by Child Care Aware® of North Dakota Health & Safety Specialists
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