

# Parent Request for No Insect Repellent

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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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*

*Form provided by Child Care Aware® of North Dakota Health Consultants.*

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