Parent Request for No Insect Repellent

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

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