

Consent to Apply Insect Repellent to Child

Child's Name: _____

As the parent/guardian of the above child, I give my permission for _____
(name of provider/facility)
to apply insect repellent when he or she will be playing outside.

I have checked all applicable boxes regarding the type of insect repellent for my child:

- I do not know of any allergies my child has to insect repellent
- Staff may use the insect repellent of their choice following the recommendations printed on the bottle
- I have provided the following brand/type of insect repellent for use on my child:

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ **Date:** _____