



SUNSCREEN/BUG SPRAY PERMISSION FORM

Name of Child: _____

Sunscreen

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of health issues such as skin cancer. In addition to protective clothing/hats, use of a broad spectrum sunscreen product with SPF 15 or higher is recommended to help mitigate these risks. I acknowledge that parents/guardians will be expected to apply the first layer of sunscreen each morning before drop-off at school. The staff of Hilltop Child Care Center will apply an additional layer of sunscreen before afternoon outside time. I understand that sunscreen may be applied to exposed skin, including but not limited to: the face (except eyelids), tops of ears, nose, bare shoulders, arms, and legs.

I have initialed below to indicate my preference for the use of sunscreen for my child:

____ I do not know of any allergies my child has to sunscreen, and I would like the staff to apply the Hilltop-provided sunscreen daily.

____ My child is allergic to some sunscreens and/or I prefer to provide a specific brand. Hilltop staff may only apply the following brand, which I have provided (in a labeled Ziploc bag):

(brand name)

____ For medical or other reasons, please do NOT apply sunscreen to my child.

Bug Spray

As the parent/guardian of the above child, I recognize that time spent outdoors in the Spring/Summer months can result in insect bites. Use of an insect repellent is recommended to help mitigate these risks. I acknowledge that parents/guardians will be expected to apply the first layer of bug spray each morning before drop-off at school. The staff of Hilltop Child Care Center will apply an additional layer of bug spray before afternoon outside time. I understand that bug spray may be applied to exposed skin, such as the neck, legs, and arms, as well as to clothing.

I have initialed below to indicate my preference for the use of bug spray for my child:

____ I do not know of any allergies my child has to bug sprays, and I would like the staff to apply the Hilltop-provided bug spray daily.

____ My child is allergic to some bug sprays and/or I prefer to provide a specific brand. Hilltop staff may only apply the following brand, which I have provided (in a labeled Ziploc bag):

(brand name)

____ For medical or other reasons, please do NOT apply bug spray to my child.

Parent/Guardian's Name: _____

Date: _____

Parent/Guardian's Signature: _____