

## Parent's/Guardian's Permission to apply Bug Spray to Child

Name of Child (first and last): \_\_\_\_\_

As the parent or guardian of the above child, I give permission for personnel at DMACC Child Development Center to apply the Bug Spray that I have listed below, between the daily times of 8 a.m. and 4 p.m. and during the months of May, June, July and August. I understand that bug spray may be applied to exposed skin. I have checked all applicable information regarding the type and use of bug spray for my child:

I do not know of any allergies my child has to bug spray.

I have provided the following brand/type of bug spray for use on my child: \_\_\_\_\_

For medical or other reasons, please do not apply bug spray to the following areas of my child's body: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Full Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

