



# Sunscreen/Insect Repellent Permission Slip

If you would like for your child to have sunscreen or insect protection, please sign below. Return this form and the sunscreen/insect repellent to the front desk. Please label the sunscreen/repellent with your child's first and last name and the date of purchase. To avoid the possibility of a skin reaction, please test the sunscreen/repellent you choose on your child at home prior to bringing to the program.

I give Little Footsteps Daycare & Learning Center permission to apply the sunscreen/insect repellent that I have provided for my child.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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