

Permission to Administer Insect Repellent

Child's Name: _____

This permission authorizes Apex Peak Schools, Inc, or it's employees to apply Insect repellent as described below:

Product:

Brand Cutter Skinsations with Aloe and Vitamin E on it's non-aerosol pump, 6 ounces presentation.

Dosage/ Amount:

One measured spray pump as designed to each area (3 areas maximum)

Apply to:

Each of Child's closed toe shoes and once to back of garments where fabric completely covers skin.

When: 5 to 10 minutes before going outside, morning and/or afternoon depending on child's presence at school.

Permission is valid for the duration of child's enrollment in school.

I give permission to my childcare provider to apply the product listed above as instructed.

Date: _____

Parent/Guardian Name and Signature _____