



9504 BRUNETT AVENUE SILVER SPRING, MD 20901 301.565.2282 www.acornhill.org

Insect Repellent and Sunscreen Permission Form

Acorn Hill requires your permission to administer insect repellent and sunscreen. Please complete the following permission sections, sign and date.

Insect Repellent: When needed, we use an herbal insect repellent formula* containing citronella and oils of peppermint, cedar, lemongrass, and geranium, which we apply appropriately to exposed portions of your child's skin. We require your permission to do so. Kindly indicate your preference in the space below. * *Formula may differ slightly depending upon product availability.*

- I give my permission for teachers to apply insect repellent when necessary.
Acorn Hill is not responsible for allergic reactions to the product.
- I do not give my permission for teachers to apply insect repellent. I do not hold Acorn Hill responsible for my decision and understand that my child may be bitten as a result.
- I prefer to provide my own product (print product name): _____
Administer product as needed.

Sunscreen:

- I give permission for my child to wear sunscreen. I understand that I will provide sunscreen with my child's name clearly printed on the bottle. I may apply sunscreen on my child before coming to school and will inform the teacher(s) if this is the case. The teachers have my permission to reapply sunscreen as needed throughout the day. Please apply sunscreen on my child as needed
- I do not give permission for sunscreen to be applied to my child.

Date: _____ Child(ren): _____

Parent Signature: _____

Thank you!