

Authorization for Administration of Sunscreen/Insect Repellent

I understand that I must supply the Hudson Country Montessori School/Camp with non-prescription sunscreen and insect repellent in the original containers labeled with my child's name.

I have applied at least one dose of the sunscreen/insect repellent listed below to my child without adverse side effects.

____ My child can self-administer his/her sunscreen

____ I hereby request that a staff member assist my child in applying sunscreen as needed during the course of the day.

____ I hereby request that a staff member assist my child in applying insect repellent as needed during the course of the day.

Name of Child: _____ Date of Birth _____

Address: _____

Name of sunscreen: _____

Name of insect repellent: _____

Signature of Parent/Guardian

Date