



HUDSON COUNTRY  
MONTESSORI SCHOOL

# AUTHORIZATION TO ADMINISTER SUNSCREEN AND INSECT REPELLENT

I understand 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