



PERMISSION TO APPLY SUNSCREEN AND BUG SPRAY

We take proactive measures and have JP Pest Services spray our grounds for Ticks and Mosquitoes (natural pesticide). The children are outside daily (weather permitting) and we want them to be as safe and as comfortable as possible.

If we feel that there is an apparent need for bug spray, we would like your permission to apply it. We use either Cutter Natural Insect Repellent or Kids Herbal Armor. If your child has any allergies or intolerance to either of these, please send in your own spray and write in the name of the spray you will be sending in. Make sure that product is clearly marked with your child's name. Hand it to the teacher at drop off.

We will also spend ample time out in the sunshine that would require sunscreen. Please apply sunscreen to your child before they leave for school as well. Please send in a container of sunscreen labeled with your child's name to keep here at school. In the event that it needs to be re-applied or it wasn't applied in the morning, we will need your permission to apply it.

Save this part of the form for future reference.

Cut here -----

Sign this part of the form and return it to your child's teacher.

Name of Student: _____



- Staff of SNHMA **HAS** my permission to apply **Bug Spray** as they see fit
- Staff of SNHMA **DOES NOT HAVE** have my permission to apply **Bug Spray**

(I will supply my own _____)



- Staff of SNHMA **HAS** my permission to apply **Sunscreen** as they see needed
- Staff of SNHMA **DOES NOT HAVE** my permission to apply **Sunscreen**

(I will supply _____)

Parent/Guardian Signature: _____

Date: _____