

To: Families of Christ Community Preschool

Re: **Sun Screen & Topically Applied Insect Repellent Permission Form**

I \_\_\_\_\_, give Christ Community Preschool staff permission  
(Parent/Guardian Name)

to administer sunscreen and topically applied insect repellent for my child

\_\_\_\_\_ during the program hours.  
(Child's Name)

\*\* You may bring in sun screen (15SPF or Higher) for your child. Some sunscreens have insect repellent included. Please put your child's name on the bottle and give it to a staff member for safe keeping in the director's office. \*\*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Please return this form to a staff member when completed.

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