



**Amelia Island Montessori School &
Department of Children and Families
AIMS Authorization for Bug Spray and Sunscreen**

No medication shall be given by personnel without the signed permission of parent or guardian.

Child's Name: _____

Name of Medication or Prescription: _____ Bug Spray and Sunscreen _____

To be used: _____ As needed during the 2018 - 2019 _____ school year . _____

Electronic signature by form submission

Parent or Guardian's Signature

Date