

Permission to Apply Sunscreen

Child's Name: _____

Name of Sunscreen: _____

Special Instructions: _____

Parent/Guardian signature

Date

Permission to Apply Bug Spray

Child's Name: _____

Name of Bug spray: _____

Special Instructions: _____

Parent/Guardian signature

Date

Permission to Apply Topical Ointment

Child's Name: _____

Name of Ointment: _____

Special Instructions: _____

Parent/Guardian signature

Date