



## **SUNSCREEN AND BUG REPELLENT** **AUTHORIZATION FORM**

STUDENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

	SUNSCREEN	BUG REPELLENT
BRAND		
TYPE	** SPRAY TYPE ONLY **	

**PARENT/GUARDIAN OPTIONS (PLEASE CHECK ONLY ONE):**

I WILL ALLOW TEACHERS OF SAME SEX TO HELP MY CHILD APPLY SUNSCREEN/REPELLENT. \_\_\_\_\_ (INITIALS)

I WILL **NOT** ALLOW TEACHERS OF SAME SEX TO HELP MY CHILD APPLY SUNSCREEN/REPELLENT. \_\_\_\_\_ INITIALS)

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

DAY TIME TELEPHONE NUMBER: \_\_\_\_\_