



**Vernon Child Development Center**

**Sunscreen and Insect Repellent**  
**Authorization**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Classroom

Yes  No I authorize the Center to apply sunscreen to my child.

Yes  No I authorize the Center to allow my child to self-apply sunscreen.

Sunscreen Brand Name \_\_\_\_\_

Ingredient Strength \_\_\_\_\_

Yes  No I authorize the Center to apply insect repellent to my child.

Yes  No I authorize the Center to allow my child to self-apply insect repellent.

Insect Repellent Brand Name \_\_\_\_\_

Insect Repellent Ingredient Strength \_\_\_\_\_

Parents are responsible for providing sunscreen and insect repellent for their child's use.  
All containers must be labeled with the child's name.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date