MCj04382050000[1]**2017-2018**

**Sunscreen Permission**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I give permission for the staff of Grafton Preschool and Childcare, Inc. to

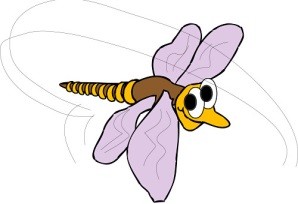
apply sunscreen to the exposed skin areas of my child’s skin prior to outdoor play. The sunscreen provided by GPC is **UVA and UVB Sun Block Lotion, SPF 50 Equate Kids Sunscreen Lotion or No-Ad UVA and UVB Sun Block Lotion, SPF 45 or higher.** Parents can ask to see the bottles in each classroom.

(Sunscreen is not applied to children under 6 months without a doctor’s note. The children are kept in the shade for short periods of time.

* I will provide the sunscreen I want used on my child and give the staff of

GPC permission to apply the provided sunscreen to my child’s exposed skin areas prior to play.

Name and SPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Insect Repellent Permission**

* I give permission for the staff of Grafton Preschool and Childcare, Inc. to apply the following insect repellent to my child’s exposed skin as needed prior to nature walks (or in the event it is needed for other outdoor experiences):

**OFF! Skintastic Familycare 5% picaridin**

* I will provide the Insect Repellant I want used on my child and give the teachers of GPC permission to apply the provided Insect Repellant to my child’s exposed skin, as needed, prior to outdoor play.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I do not want insect repellent used on my child.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_