



Slava Music Academy
Daycare Agency

SUNSCREEN / BUG PERMISSION FORM

Name of Educator or Day Home:

Address:

Sunscreen Application Authorization

☐ I authorize _____ to apply cream/lotion sunscreen only (no spray products) to my child _____ (child's name), during program hours. Only cream sunscreen will be used. Spray sunscreens are not permitted.

☐ My child requires a specific type or brand of sunscreen due to skin sensitivity or allergies.

I will provide the appropriate sunscreen for the program to use on my child.

Parent/Guardian Signature: _____ Date: _____

Insect Repellent Application Authorization

☐ I authorize _____ to apply insect repellent lotion or pump (no aerosol spray products) to my child, _____ (child's name), during program hours.

☐ My child requires a specific type or brand of insect repellent due to skin sensitivity or allergies. I will provide the appropriate repellent for the program to use on my child.

Parent/Guardian Signature: _____ Date: _____