

# Insect Repellent Permission Form

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of insect repellent: \_\_\_\_\_

\_\_\_\_\_ I will provide insect repellent and give permission for my child's teachers to apply it to bare surfaces including the face, neck, bare shoulders, arms, legs, and feet before outdoor activities. Insect repellent will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by a staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide insect repellent with DEET, it is recommended that a concentration containing between 10% and 30% DEET be used with children.

\_\_\_\_\_ I do not want my child to use any insect repellent. I recognize that insect bites pose a risk of an allergic reaction and disease. I understand that my child will be taken outside on a daily basis, weather permitting.

I will not hold Kiwanis Day Care Center liable for any insect bites, reactions to insect bites or repellent, or disease related to insect bites.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date