



Brookview School

Bug Repellent/Sun Block Permission Form

Dear Parents,

Please select from the following options if you wish the school to administer bug repellent and /or sun block lotion, to be provided by you.

Please send these in to school with your child's name on each item.

I request that the staff of Brookview School administer Bug repellent to my child _____, in classroom: _____ during the 2011-12 school year. To be applied as needed to repel mosquitoes during playtime outside.

Signature of parent/guardian: _____

Date: _____

I request that the staff of Brookview School administer sun block lotion to my child _____, in classroom _____ during the 2011-12 school year. To be applied as needed to protect from sun exposure during playtime outside.

Signature of parent/guardian: _____

Date: _____