

Parent/Guardian Permission to Apply Insect Repellent to Child

Name of Child: _____

As a parent, I recognize that insect bites to my child pose a risk of allergic reactions and disease.

Therefore, I give permission for the staff of _____ to apply an insect repellent approved for use on children containing (no more than) 10%-15% DEET (name of product) _____ to my child under the following conditions:

1. When mosquitoes are present.
2. During field trips that may expose a child to ticks or mosquitoes.
3. Always used according to directions on the label.
4. Applied only to exposed skin and clothes.
5. Not applied to babies under 2 months.
6. Not applied near eyes or mouth or on hands.

Use of the product may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your health care provider. It is best if you use this or a similar product on your child once or twice at home first to monitor for reactions.

I have checked and initialed below all applicable information regarding the child care program's choice in brand/type and use of insect repellent for my child:

- ___ Staff may use the program's insect repellent indicated above according to the directions on the product label.
- ___ I do not know of any allergies my child has to children's insect repellent.
- ___ My child is allergic to some insect repellents. Please use only the following brand(s)/type(s) of repellent: _____, according to the directions on the label.
- ___ I have provided the following brand/type of insect repellent for use on my child:

- ___ For medical or personal reasons, please DO NOT apply insect repellent to the following areas of my child's body:

- ___ **Please do not apply insect repellent to my child.**

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Health Provider's Signature (optional): _____