BRIGHT HORIZONS FAMILY SOLUTIONS

SUNSCREEN AND INSECT REPELLANT PERMISSION SLIP

I give Bright Horizons permission to apply _____
(name of sunscreen/insect repellant)

to _____.
(name of child)

From: _____/_____/_____ To: _____/_____/_____ (not to exceed one year)

All sunscreen and insect repellant should be provided in the original container, with a valid expiration date, where applicable, labeled clearly with the child's name, and given directly to a teacher.

Special Instructions:

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_____ _____
(Parent/Guardian Signature) (Date)

E-Mail