

Sunscreen/Insect Repellant Form

Harris & Tucker School / Kids TV Academy

Child's Name _____

I give permission for Harris & Tucker School & Kids TV staff to apply sunscreen/insect repellant to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/insect repellant in the morning before I bring my child to the center. HTP / KTV staff will reapply it again in the afternoon. By signing I attest that...

- ***Sunscreen is at least SPF15 but may be higher.***
- ***Insect repellant contains DEET.***
- ***I have LABELLED my child's sunscreen/insect repellant with his/her name and have used the product with no adverse reaction before sending it to EPC.***

Parent Signature _____

Date _____

Date _____