

THE CHILDREN'S WAY
Wayland Public Schools

Parent Permission Form
Sunscreen/Insect Repellent/ Hand & Body Lotion

PRODUCT MUST BE IN ORIGINAL CONTAINER WITH CHILD'S NAME WRITTEN CLEARLY ON IT

I hereby give my permission for the staff of The Children's Way to administer the following topically applied product to my child for the current school year, per instructions noted below:

Child's Name: _____

Product Name: _____ Manufacturer _____

Type of Product: Sunscreen Insect Repellent Hand/Body Lotion

Has Your Child Used this Product Before? Yes No

Refrigeration Required? Yes No

Application Instructions:

When: _____

Amount: _____

Apply to: _____

Comments:

Parent's Signature: _____ Date: _____

(Revised 1/2011)