

Sunscreen and Insect Repellant Form

Student's Name _____

- ☐ I hereby give permission any and all staff members at Crestview Montessori School to apply the sunscreen and/or insect repellant that I have provided Crestview Montessori School for my child, based on the needs of the day.

Name of Sunscreen _____

Name of Insect Repellant _____

Parent Signature

Date

**THIS FORM IS OPTIONAL AND CAN BE
RETURNED TO THE OFFICE AT ANYTIME
ACCOMPANIED BY THE
SUNSCREEN OR INSECT REPELLANT**