



GSA

Sunscreen/Insect Repellent Permission Form

(Name of Child) _____ Date: _____

As the parent or guardian of the above child. Therefore, I give my permission for personnel at:

GROWING SEEDS ACADEMY staff to apply the provided non-aerosol sunscreen (SPF 15 or higher) and insect repellent (optional) to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/insect repellent in the morning before I bring my child to the center and GSA staff will reapply it before going outside. Furthermore, I understand that insect repellent (if provided) will be applied no more than once per day.

I have checked all applicable information regarding sunscreen for my child:

- I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. Staff will follow the directions or recommendations printed on the bottle.
- My child has no known allergies to sunscreen or insect repellent.

Parent/Guardian (print): _____

Parent/Guardian signature: _____