



Sunscreen/Insect Repellent Permission Slip

Parents:

Please fill out and return to your child's teacher if you would like us to apply sunscreen or insect repellent on your child when going outside. You must provide the sunscreen and insect repellent. Please label your child's bottle. Thank you.

Child's Name: _____

Child's Classroom: _____

I give permission for Prime Time to apply:

Sunscreen Yes No

Insect Repellent Yes No

Signature: _____

Date: _____