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***Sunscreen and Insect Repellent Application Form***

Per Matteo’s Place Bilingual Day Care Center Regulations, we ask that you and check next to your preferences regarding the application of topical medications while your child is in our care. This form will be kept in your child’s file for our reference.

***Sunscreen***

\_\_\_\_\_ I have provided the following brand/type\* of sunscreen for use on my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ Please do not apply sunscreen on my child.

***Insect Repellent***

• When mosquitoes and ticks are present

• Used according to directions on the label

• Applied only to exposed skin and clothes

• Not applied near eyes or mouth or on hands.

­­­\_\_\_\_\_ I have provided the following brand/type\* of insect repellent for use on my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

­­­­­­\_\_\_\_\_ Please do not apply insect repellent to my child.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

\*The sunblock and/or insect repellent must be in its original package and clearly labeled with the child’s name.