



2016-2017
Sunscreen and Insect Repellent

Name of Student: _____ Grade: _____

I request designated Primary Day School personnel to apply sunscreen and/or insect repellent to my child or supervise my child applying the below products themselves. I have supplied the following products for use at school: (Please be certain that the products listed below are the products you are sending to school.)

Sunscreen: _____

Insect Repellent: _____

Parent Signature: _____ Date: _____