

Robert E. Simon, Jr. Children's Center, Inc.

Insect Repellent Permission Form and Application Record

Child's Name : _____

Brand of Insect Repellent (must contain DEET): _____

I give RESCC staff permission to apply insect repellent (as directed) prior to going outside in order to repel insects. I understand the listed side effects associated with the use of insect repellents.

I am aware that it is my responsibility to administer an AM application before arrival at the center and that my child's teacher will apply a PM dose prior to outdoor afternoon play.

Parent Signature & Date: _____

APPLICATION RECORD CHART		
DATE	PM DOSE	STAFF SIGNATURE
Adverse reactions:		