



INSECT REPELLENT

I, _____, authorize the application of an insect repellent product which I will provide in its original container and labeled with my child's name.

Student's name: _____

Repellent's name: _____ Expiration date: ____ / ____ / ____

Any Adverse Reactions to insect repellent products?

_____ No

_____ Yes, (explain in detail) _____

Parent's Signature: _____

Date: _____