



Bug Spray / Bug Repellent Permission Form

Child's Name: _____

As the parent / guardian of the above child, I give permission for the staff of Golden Acorn Academy to apply the bug repellent product that I have provided as specified below. I affirm that, for children requiring bug repellent, I have applied our preferred product to my child and their clothing prior to coming to school. The staff at Golden Acorn Academy will re-apply on an as needed basis before outside activities.

I have initialized below all applicable information for the use of bug repellent product for my child:

_____ I do not know of any allergies my child to bug repellent.

_____ I have labeled and sent _____ (product name) to be applied on an as needed basis.

_____ For medical or other reasons, please do NOT apply bug repellent to the following areas of my child's body: _____

_____ Expiration date is: _____

_____ Special Instructions (if any) _____

Parent / Guardian Name: _____ Date: _____

Parent / Guardian Signature: _____

We understand that sunscreen alone is not enough to protect children from the harsh Texas sun and skin cancer.