

SUMMER ACTIVITY CLUB (SAC)

APPLICATION PERMISSION SLIP FOR SUNSCREEN

I have provided sunscreen for my child, _____.

The SAC staff has my permission to apply this sunscreen to him/her as needed. I have labeled the product with my child's first and last name.

Parent/Guardian Signature

Date

APPLICATION PERMISSION SLIP FOR INSECT REPELLENT

I have provided insect repellent for my child, _____.

The SAC staff has my permission to apply this insect repellent to him/her as needed. I have labeled the product with my child's first and last name.

Parent/Guardian Signature

Date