

Fort Hill
Center for Early Childhood Education
Smith College
28 Lyman Road
Northampton, Massachusetts 01063
413-585-3290

INSECT REPELLANT/SUNSCREEN FORM

Child's Name _____ **Date** _____

We ask parents to apply insect repellent and sunscreen when needed before children come to school in the morning. For children who stay for the afternoon, Fort Hill teachers will apply sunscreen and/or insect repellent with your permission. Please indicate what sunscreen/insect repellent you will provide.

I give my permission to the Fort Hill staff to apply:

Name of Sunscreen: _____

Name of Insect Repellent: _____

Parents' Signature: _____
(Both parents where applicable) _____