

# RIVER'S EDGE CHILDCARE CENTER

## Sunscreen & Insect Repellent Permission Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Classroom: \_\_\_\_\_

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### Sunscreen Permission

- My child may use center-provided Coppertone sunscreen
    - (broad-spectrum SPF 30+).
    - I understand a \$10 annual sunscreen fee will be added to my account.
  - I will provide sunscreen for my child.
  - Brand/Type: \_\_\_\_\_  
Products must be in the original container, labeled with child's name, and not expired.
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### Insect Repellent Permission

*The center does not provide insect repellent.*

- I will provide insect repellent for my child.
  - Brand/Type: \_\_\_\_\_  
Aerosol sprays are not permitted. Products must be in the original container, labeled, and not expired.
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### Application Authorization

Sunscreen: Applied before outdoor play and as directed on the label. Staff avoid the eye area and notify families of any irritation.

Insect Repellent: Applied outdoors or in a ventilated area, following label directions. Staff avoid hands, faces, and broken skin.

Combination sunscreen/repellent products are not allowed.

# Infants Under 6 Months

## Sunscreen

- Sunscreen requires a written note from the child’s healthcare provider.
- Without a note, staff will use shade, hats, clothing, and limited sun exposure.

- My infant is under 6 months.
- Healthcare provider note attached.
- I understand sunscreen cannot be applied without a provider’s note.

## Insect Repellent

*The center does not provide insect repellent to infants under 6 months.*

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## Parent/Guardian Acknowledgment

I understand that staff follow manufacturer instructions and Iowa licensing rules for all topical products. I may change or revoke permission at any time in writing. Products must be replaced when they are expired or upon request. If I choose center-provided sunscreen, the \$10 annual fee will be billed to my account.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_