



Name of child: _____ Date of Birth: _____

Sunscreen and insect repellent should be applied to a child at least once at home to test for allergic reaction. Aerosols, sprays and combines sunscreen/ insect repellent are prohibited.

Sunscreen must provide UVB and UVA protection with an **SPF of 15 or higher**. Sunscreen **may not** be used on infants under **6 months** of age, unless parent permission is granted and the bottle doesn't specifically say *not to be used on infants less than 6 months old*.

Insect repellent may only be used if recommended by public health authorities or requested by a parent/ guardian. The repellent must contain a concentration of **30% DEET or less**. Insect repellent products may not be used on children under the age of three.

All sunscreen and insect repellent provided by a parent/ guardian must be:

- * Provided in the original container;
- * Clearly labeled with the child's full name;
- * Within the expiration date;
- * Appropriate for the age of the child; and
- * Free of nut ingredients

Complete the following:

I **give** CCUV permission to apply (name of sunscreen) _____

and (name of insect repellent) _____

when outdoor conditions warrant and consistent with package instructions (subject to any special

instructions below) to my child, _____ from

_____ to _____ (not to exceed one year).

I **DO NOT** give CCUV permission to apply ____ sun screen and/ or ____ insect repellent to my child. I do not hold CCUV responsible for my decision and understand that my child may be sunburned/ bitten as a result. I understand that I **should provide protective clothing including hat, lightweight long sleeve shirt and pants**, instead, to protect my child from sun exposure and insects during outdoor activities.

Special instructions:

Parent/ Guardian Signature

Date