

**ST. LUKE'S DAY SCHOOL**  
**PARENT PERMISSION FOR APPLICATION OF SUNSCREEN or INSECT REPELLENT**

Child: \_\_\_\_\_ Classroom: \_\_\_\_\_

Name of Product: \_\_\_\_\_  
\_\_\_\_\_

I have provided the above product(s), labeled with my child's name, and authorize the teachers to apply this product to my child prior to outdoor activities in the afternoon during the summer months. I understand that teachers will not apply sunscreen or insect repellent in the mornings (parents should apply sunscreen to children before school).

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_