



Parent-Provided Sunscreen Authorization Form

Child's Name	Date of Birth
Start Date	Stop Date
Name of Sunscreen	Expiration Date
Times to be Applied	Special Instructions

By signing below, I authorize the staff of Fair Haven Day School to apply the above sunscreen on my child.

Parent/Guardian Signature

Date

Daytime Phone Number

Parent-Provided Insect Spray Authorization Form

Child's Name	Date of Birth
Start Date	Stop Date
Name of Insect Spray	Expiration Date
Times to be Applied	Special Instructions

By signing below, I authorize the staff of Fair Haven Day School to apply the above insect spray on my child.

Parent/Guardian Signature

Date

Daytime Phone Number