



PERMISSION FOR INSECT REPELLANT APPLICATION



I hereby give my permission for the staff from Beverly Hills Academy to apply the insect repellent I have provided on my child when needed.

Child's name _____

Type or brand name of insect repellent: _____

From: ____/____/____ To: ____/____/____

The repellent should be provided in the original container, with a valid expiration date, where applicable, labeled clearly with the child's name, and given directly to a teacher.

Special Instructions:

(Parent/Guardian Signature)

(Today's Date)