



Sunscreen/Bug Spray/Topical Ointment Permission Slip

Please sign below indicating permission for the Montessori School of Schenectady to apply the following to my child, _____, during the school day as needed. I understand that a supply of sunscreen/bug spray/topical ointment is stored at school for child use. If I require a specific brand to be used I understand I will need to supply it in its original packaging and labeled with my child's full name.

_____ I allow sunscreen to be applied to my child as needed

_____ I allow bug spray to be applied to my child as needed

_____ I allow topical ointments (vaseline, lotion, diaper cream etc.) to be applied to my child as needed

_____ I DO NOT give permission for any of the above to be applied to my child

**If sunscreen permission is not allowed, it is the parents
responsibility to provide sun appropriate clothing**

Parent Name: _____

Parent Signature: _____

Date: _____