



**PERMISSION TO APPLY
SUNSCREEN, INSECT REPELLANT, and OTC TOPICAL
ANTIBIOTIC, LIP BALM, AND HAND SANITIZER**

I, _____, the parent/guardian of _____
_____ give permission to Grace Christian School to administer the following items as
needed:

1. Sunscreen

Parent provided sunscreen (labeled with child's name) or school provided sunscreen 30
spf or higher (generic brand)

As directed on the label by manufacturer of such product.

2. Insect Repellant

Parent provided bug spray (labeled with child's name) or school provided bug spray
(generic brand)

As directed on the label by manufacturer of such product.

3. Over the counter topical ointment (generic Neosporin, triple antibiotic)

Parent provided topical ointment (labeled with child's name) or school provided topical
ointment (generic brand)

* Reason to apply the ointment: minor cuts and scrapes and eczema related wounds

As directed on the label by manufacturer of such product.

4. Parent Provided Lip Balm:

* Reason to apply: chapped lips

As directed on the label by manufacturer of such product.

5. School Provided Hand Sanitizer/Alcohol Wipes:

* Reason to apply: to sanitize hands after coughing or sneezing or to clean a wound.

As directed on the label by manufacturer of such product.

Parent's signature: _____ Date: _____