Authorization to use bug spray

Dear Parents,

Our school is located in a tree enriched environment. And because of this environment during certain times of the year we do battle mosquitoes. We take every precaution necessary to protect your child. Below is a form to fill out so that we may use bug spray on your child ONLY if we notice that they are being bit.

\_\_\_\_\_\_YES, you may use bug spray on my child as needed

\_\_\_\_\_\_NO, you may not use bug spray on my child

Childs Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

Please list any allergies or reactions your child might have to certain brands of bug spray.

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