



Lotion/Sunscreen/Insect Repellent Application Permission Form

Please check where applicable. I give permission for the Sherman ECC Staff/Teachers to apply nonprescription:

- sunscreen
- lotion
- insect repellent
- diaper cream

On my child, _____
Print child's name

Please make sure that your child's lotion is labeled with their name!

I understand that I will provide the products I wish to be used on my child. I also understand that I must apply sunscreen prior to my child arriving at the ECC.

Parent/Guardian Name (print) _____

Signature _____

Date _____