BRIGHT HORIZONS  
SUNSCREEN AND INSECT REPELLENT PERMISSION SLIP

• All sunscreen or sun block will have a UVB and UVA protection of at least 15 or higher.

• All sunscreen/sun block and insect repellant must be provided in the original container (please note, the use of aerosol cans are not allowed for safety purposes).

• All products require a valid expiration date, where applicable.
• Containers must be labeled clearly with the child’s full name.

I give Bright Horizons permission to apply (name of sunscreen) _______________________
and/or (name of insect repellant) __________________________________________________________
to my child (full name), ______________________________________________________________.

From: _____/_____/_____   To: _____/_____/_____ (not to exceed one year)

Special Instructions:

*Sunsreen/Sun Block (please be specific):

I want sunscreen to be applied on the following areas: (please circle what applies)

Face
Ears
Tops of head
Bare arms
Bare legs
Bare shoulders
Bare neck
Feet
Hands
All of the above

I want sunscreen to be applied when the weather is: (please circle what applies)

Every time
Sunny
Cloudy
Rainy
Other: ________________

*Insect Repellant (please be specific):

I want insect repellent applied on: (please circle what applies)

Face  Ears  Bare arms  Bare shoulders  Bare legs  Bare neck

I want insect repellent to applied when my child goes outside. (Please circle what applies)

Yes  No

___________________________  ________________________
(Parent/Guardian Signature)  (Date)

****Infant under the age of 6 months require a physician’s signature.
Physician’s Signature___________________________Date____________________