

Sunscreen Authorization

Date: _____

I, _____, give Kids R Kids staff my permission to apply sunscreen to my child. I have listed below any allergies that my child has.

Allergies:

Child's Name

Parent's Signature

Insect Repellent Authorization

Date: _____

I, _____, give Kids R Kids staff my permission to apply insect repellent to my child when having outside time. I have listed below any allergies that my child has.

Allergies:

Child's Name

Parent's Signature