NON-PRESCRIPTION TOPICAL PERMISSION FORM

I hereby give St. John the Baptist Catholic Montessori School my permission to follow manufacturer's directions and use the following on my child (name of child),

☐ **SUNSCREEN (apply 30 minutes before going outside)**

Brand name:

☐ **INSECT REPELLANT (apply 30 minutes before going outside)**

Brand name:

☐ **OTHER (lotion, soap, etc.)**

Describe:

Print Parent/Guardian Name:

Parent/Guardian Signature: **Date signed:**