KIDDIE COUNTRY DEVELOPMENTAL LEARNING CENTER
9601 OLD KEENE MILL ROAD, BURKE, VA 22015
703-644-0066 FAX: 703-644-0073 WWW.KIDDIECOUNTRY.COM

PARENT PERMISSION FOR INSECT REPELLENT APPLICATION AND RECORD OF USE / REACTIONS

I give permission for a Kiddie Country staff member to apply parent provided nonprescription insect repellent _____

to my child _____ .
Child's Name

I agree to furnish this product in the original container and I will label the container with my child's name.

Please indicate frequency of application/use: As needed _____ Other _____

Expiration Date (if any) _____

Please note: Manufacturer's instructions for age, duration, and dosage shall be followed. Insect repellent shall not be kept or used beyond the expiration date of the product.

_____ _____
PARENT SIGNATURE ***DATE***

Kiddie Country staff responsible for administering insect repellent: Review expiration date; record below -- date, time of application, and document any adverse reactions; notify parents of adverse reactions immediately.

Adverse Reactions: _____
Parent Notified: _____

Date	Time Applied	Adverse Reactions (if any)	Staff Initial

RV 1/5/18 DOUBLED SIDED FORM