

Prince of Peace Preschool
Individual Permission for application of Bug Repellent

Name of Child _____

Reason for administration: to repel ticks

Name of repellent: Nantucket Spider Extra Strength Tick repellent; non-prescription

A light mist will be applied to feet/socks/exposed skin on arms/legs and head as per repellent instructions and reapplied in 1 1/2 hours if still outside.

Dates to be administered September 2019 - June 2020

I authorize the administration of this repellent on my child. I have read the ingredients for this repellent. I understand that this is a preventative measure and that there is no guarantee that this will deter ticks with 100% effectiveness. I understand that the school will do a tick check when coming in from playing outside and that I am also responsible for checking my child after school.

Parent's Signature

Date