

*Freedom* TO LEARN

*Power* TO LEAD



**Request for Administration of:**

**Sunscreen, Bug Spray, Lip Balm and Lotion**

**\* Please clearly label your child's sunscreen, bug spray, lip balm and lotion. \***

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I give permission for the staff at the Montessori School of Dayton to apply the following item(s) to my child:

\_\_\_\_\_ Brand/Type of Sunscreen Provided: \_\_\_\_\_

\_\_\_\_\_ Brand/Type of Bug Spray Provided: \_\_\_\_\_

\_\_\_\_\_ Brand/Type of Chapstick Provided: \_\_\_\_\_

\_\_\_\_\_ Brand/Type of Lotion Provided: \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date** (This form expires in one year from the date.)

A NON-PROFIT CORPORATION

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