SUNSCREEN AND BUG REPELLANT PERMISSION

applied by your child's teacher in the afternoon, if necessary. Please label the sunscreen and bug	
repellant with your child's name. Thank you ©	-
Child's Name	
Ciniu s Ivanic	
I give the Sharon Day Care Center staff permission to apply the sunscreen and bug repellar	nt I
provide to my child named above. I have labeled the sunscreen and bug repellant with my child'	S
name.	
Parent/Guardian	
SignatureDate	