



## INSECT REPELLANT ADMINISTRATION AUTHORIZATION 2011-2012

During the warmer months of the school year, it has become apparent that insects on the playground become a problem. As such, Trinity Montessori would like to take preventative measure to protect our students from bug bites during this time. Therefore, we offer the use of insect repellent for our students to be administered by staff members at the parents' request. If you are interested in having your child sprayed with insect repellent, please indicate as such below.

**CHILD'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I request and authorize that the above-named student be administered the indicated insect repellent.

**OFF FAMILY CARE UNSCENTED INSECT REPELLANT IV**

**PREFERRED TIME OF ADMINISTRATION:**

(check all that apply)

**RECESS**

**AFTER SCHOOL (MAP PROGRAM)**

**BOTH**

Please indicate any possible side effects of the use of insect repellent on your child, as well as any emergency procedures that you would like executed in the event that side effects occur:

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**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS AUTHORIZATION FORM IS VALID FROM AUGUST 15<sup>TH</sup>, 2011 UNTIL MAY 25<sup>TH</sup>, 2012.**