

**Sunscreen and Bug Spray Permission for Under The Canopy**

Under The Canopy teachers have my permission to apply sunscreen and bug spray to my child \_\_\_\_\_, as needed.

My signature below signifies that I am aware of and agree with the provider's policy of applying sunscreen and bug spray during the months needed.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date Signed