

THE CHILDREN'S CENTER
11A Aspetuck Avenue
New Milford, CT 06776
(860) 354-1883

AUTHORIZATION FOR THE ADMINISTRATION OF:

- **SUNSCREEN**
- **BUG REPELLANT**

Child's Name: _____

Please check: _____ sunscreen _____ bug repellent

Brand Name of sunscreen: _____

(May NOT contain bug repellent including DEET or PABA)

(Must have UVB and UVA protection of SPF 15 or higher)

Brand Name of bug repellent: _____

(Concentration of DEET may only range from 10-30%. The Children's Center recommendation is 10%)

I give permission for the above materials to be administered at The Children's Center. I understand that I must supply The Children's Center with the lotion or repellent, in its original container, with my child's name on it.

Parent's Signature

PRINT Name

Date