



# Sunscreen/Bug Spray Authorization

Student's Name: \_\_\_\_\_

Sunscreen Brand: \_\_\_\_\_

Bug Spray Brand: \_\_\_\_\_

Special Instructions/Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_