1233 California Ave., Wahiawa, HI 96786
808-622-2454

SUNSCREEN/INSECT REPELLANT

Usage/Understanding Form

Child's Name:_____

I understand that I am responsible for applying sunscreen/insect repellant **BEFORE** I bring my child to school. But, if the teacher feels that your child is indirect sunlight and you have not marked the box that he/she have sunscreen protection on and if they are not , WBP have the right to put your child in areas with cover.
By signing I attest that.....

- Sunscreen is atleast SPF15 but maybe higher.
- Insect repellent
- I have LABELLED my child's sunscreen/insect repellant with his/her name and have used the product with no adverse reaction before sending it to Wahiawa Baptist Preschool.

Special Instructions:

_____

_____

_____ _____

Parent/Guardian Signature Date