**Immanuel Montessori School**

**7590 College Rd.**

**Sykesville, MD 21784**

**Tel. #: 410.970.6181**

[**www.immanuelmontessorischools.com**](http://www.immanuelmontessori.com)

**SUNSCREEN/BUG SPRAY PERMISSION SLIP**

**Child’s Name:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I give permission for staff working at Immanuel Montessori School to apply sunscreen/bug spray to my child as necessary.

\_\_\_\_ Please DO NOT apply sunscreen/bug spray on my child.

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**Parent/Guardian Signature Date**

*N.B. We don’t allow the use of spray sunscreens due to their ineffectiveness and health hazards. Please visit* [*https://www.ewg.org/sunscreen/best-kids-sunscreens/*](https://www.ewg.org/sunscreen/best-kids-sunscreens/) *for recommended children’s sunscreens by the Environmental Working Group. Thank you!*

**N.B. Electronic forms may be submitted in PDF format only.**