**Sample Permission for Insect Repellent Use at School/School Sponsored Events**

**To Be Completed by Parent/Guardian- Valid for 1 Year**

Student Name: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insect repellants can be effective at reducing bites from ticks and insects, they are not without health risks. Children wear appropriate clothing (i.e. light-colored, long sleeves, pants) for the activity, to minimize the need for insect repellant. Whenever possible, apply insect repellant at home before sending your child to school.

Students may use insect repellents at school and school-sponsored events with written parent/guardian permission. If a student cannot apply tick repellents themselves, a staff member may assist them.

It is important to follow product directions and wash your hands after applying insect repellent.

**Check the Options You Approve Below**

* I allow my child or school staff to apply his/her **own** EPA registered insect repellent  
  Name of Repellent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  as needed to exposed skin according to product directions to protect against ticks and tick-borne disease. Please supply only lotions, wipes, or non-aerosol spray (no cans allowed) repellents to reduce excess spray during application.
* I allow my child or school staff member to apply a **school provided** EPA registered insect repellent  
  Name of Repellent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  as needed to exposed skin according to product directions to protect against ticks and tick-borne disease.

**Parent/Guardian Signature and Contact Information**

|  |  |
| --- | --- |
| **Name:** | **Date** |
| **Signature:** | **Phone** |

**Return to:**School Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample resource created by the New York State Center for School Health [www.schoolhealthny.com](http://www.schoolhealthny.com) 5/2021