



Dear Parents,

If you would like us to apply sunscreen and/or bug spray to your child, please send a bottle (labeled with their name), and this signed permission slip.

Thank you,

The Bobbie Noonan's Staff

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Child's Name : \_\_\_\_\_

\_\_\_\_\_ Please apply the sunscreen I have provided when my child plays outdoors.

\_\_\_\_\_ Please apply the insect repellent I have provided when my child plays outdoors.

\_\_\_\_\_ My child does not need to wear sunscreen and/or insect repellent.

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Parent's Signature