

**College of Southern Idaho Head Start / Early Head Start**  
**Sunscreen and Bug Spray Permission Form**

Permission to apply sunscreen ( \_\_\_\_\_ )  
Brand name and active ingredients

**\*\*Sunscreen must contain at least SPF 30\*\***      SPF \_\_\_\_\_

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

( ) I give permission to the staff of CSI Head Start / Early Head Start to apply sunscreen on my child when outdoors, field trips and water activities.

( ) I do not give permission to the staff of CSI Head Start / Early Head Start to apply sunscreen on my child when outdoors, field trips and water activities.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

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Permission to apply bug spray ( \_\_\_\_\_ )  
Brand name and active ingredients

I **do not** want deet as an active ingredient in the bug spray. \_\_\_\_\_

I **wish to** have deet as an active ingredient in the bug spray. \_\_\_\_\_

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

( ) I give permission to the staff of CSI Head Start / Early Head Start to apply bug spray on my child when outdoors, field trips and water activities.

( ) I do not give permission to the staff of CSI Head Start / Early Head Start to apply bug spray on my child when outdoors, field trips and water activities.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_