



## Insect Repellant Permission Form

I give TEP personal permission to apply \_\_\_\_\_  
(Name of Insect Repellant)

to \_\_\_\_\_ (Name of Child)

All insect repellant will be provided by the parent/guardian in the original container, with valid expiration date, where applicable. Labeled clearly with child's name and given directly to a TEP staff member.

Special

Instruciotns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date