



CHILDREN'S CONTINUOUS CARE INC.
"Your child's home away from home"

369 Mildahn; Macedon, NY 14502

Phone: 585.377.9630 Fax: 585.377.2816

To: Parents

Re: **Sun Screen & Topically Applied Insect Repellent Permission Form**

I _____, give Children's Continuous
(Parent/Guardian Name)

Care permission to administer sunscreen and topically applied insect repellent for
my child _____ during the program hours.
(Child's Name)

** You may bring in sun screen for your child. Some sunscreens have insect repellent included.
Please put your child's name on the bottle and give it to the caregiver for safe keeping. **

Parent/Guardian's Signature _____ Date _____

Note: Please return this form to your caregiver when completed.

Thank you!

Children's Continuous Care
(Wanda/Wendy)