

M.S.A.D. No. 72
Bug Spray Permission (field trips/sports/PKA program)

Please complete Option 1 or Option 2

Option 1: Complete and sign the permission below to allow the medication trained school personnel to apply the school supplied bug spray to your child during the school program.

Date: _____
School Year _____
Student Name _____ **School** _____

School Supplied Bug Spray: DEEP WOODS OFF! INSECT REPELLENT
Application: apply to exposed skin; follow manufacturer directions

I give my permission for medication trained school personnel to administer the above school supplied bug spray during the school program to my child to exposed skin areas prior to extended outdoor activities.

Signature of Parent/Guardian _____ Date _____

Option 2: Complete and sign the permission below and you will also provide the bug spray to be applied to your child during the school program. The bug spray that you provide needs to be able to stay with the school staff.

Date: _____
School Year _____
Student Name _____ **School** _____

Parent Supplied Bug Spray: _____
Application Directions:

I give my permission for medication trained school personnel to administer the above bug spray during the school program to my child to exposed skin areas prior to extended outdoor activities.

Signature of Parent/Guardian _____ Date _____

