

Sunscreen and Insect Repellent Application

In keeping with the New Hampshire Health and Human Services Department and NAEYC Accreditation criteria, we ask you to complete the following information about your preferences regarding the application of topical applications while your child is in our care. This form will be kept in your child's file for our reference. The policy that is currently in the CSDC family handbook has been revised to meet current refer to www.chhs.unh.edu/csdc.

Child's Name _____

Sunscreen

CSDC uses *Rocky Mountain Sunscreen UVA and UVB protection of SPF 30* to meet current best practices and recommendations.

Please check one of the preferences listed below regarding sunscreen:

Staff may use the program's sunscreen indicated above according to the directions on the product label.

I have provided the following brand/type of sunscreen for use on my child (please be specific) *Note: Aerosols may not be used

*Please note that the label must match exactly to the product provided; No combination insect/sunscreen products can be used at CSDC based upon our health consultant's feedback.

Please **do not apply sunscreen** on my child

Insect Repellent

I give permission for the staff to apply *Off Family Care Insect Repellent Smooth and Dry (15% concentration of DEET)* to my child under the following conditions:

- When mosquitoes and ticks are present
- During field trips that may expose a child to ticks or mosquitoes
- Used according to directions on the label
- Applied only to exposed skin and clothes
- Not applied to infants under two months
- Not applied near eyes or mouth or on hands
- Not applied to clothing or skin more than once
- Washed off of exposed skin upon returning inside with soap and water or towelette

I have provided the following brand/type of insect repellent for use on my child (please be specific)

*Please note that the label must match exactly to the product provided; No combination insect/sunscreen products can be used at CSDC based upon our health consultant's feedback.

When using an alternative to DEET, include documentation of what is being used as well as documentation that the alternative has been approved and is applicable for the age of child(ren) it is being used.

Please **do not apply insect repellent** to my child

Parent/Guardian Signature _____ Date _____