

Anchor Bay
Early Childhood Programs
(Preschool & SAC)

Bug Spray Permission

Childs Name _____

Bug Spray

I give permission for the staff of the Anchor Bay Early Childhood Center to apply bug spray on my child, daily if necessary. I understand that **I must provide the Bug Spray** and label it with my child's full name.

Initials

Name of Bug Spray _____

Parent/Guardian Signature

Date