Name of your child _____

Diaper Ointment / Cream

If you wish to have diaper ointment please read below. Please supply the diaper ointment you wish to be used and label it with your child's name on it. Please sign permission form below. Thank you.

Parent Name Printed: _____

Mosquito Repellent

If you wish to have a mosquito repellent please read below. Please supply the repellent you wish to be used and label it with your child's name on it. Please sign permission form below. Thank you.

Parent Name Printed: _____

Sunscreen

If you wish to have a sunscreen please read below. Please supply the sunscreen you wish to be used and label it with your child's name on it. Please sign permission form below. Thank you.

(I do prefer the bar instead of cream)

Parent Name Printed: _____