Insect Repellent Authorization Form



INSTRUCTIONS:

Must be completed by the parent/guardia	an.		
Insect repellent authorization for:		's name)	
Fauquier Community Child Care, Inc. ha (Name of Child Care Provider)	s my permission to a	administer th	e following insect repellent:
Insect Repellent Name			
How frequently should the insect repelle	nt be applied?		
This authorization is effective from :	(Start date)	_ until	(End date)
Parent's or Guardian's Signature:			Date:

REPELLENT LOG

Repellent: _____

Date	Time	Amount (given)	Route of Administration	Staff Signature	Adverse Reactions	Any Medication Errors

REPELLENT LOG

Repellent: _____

Date	Time	Amount (given)	Route of Administration	Staff Signature	Adverse Reactions	Any Medication Errors
Date	TITLE	(given)	Administration	Signature	Adverse Reactions	LIIUIS