



FUNSHINE NURSERY SCHOOL  
P.O. BOX 323  
REDHOOK, NY 12571

I hereby give permission for Funshine staff to apply the following to my child as needed:

\_\_\_\_\_ sunscreen

\_\_\_\_\_ insect repellent

\_\_\_\_\_ diaper rash ointment

I understand that I must supply the above indicated items, labeled with my child's name.

child's name \_\_\_\_\_

parent's signature \_\_\_\_\_

date \_\_\_\_\_