

I request for the staff at The Mustard Seed Early Learning Center apply sun-
screen and/or bug spray to my child as specified below. By signing below, I
release The Mustard Seed Early Learning Center from all liability for reac-
tions that my child may suffer from the sunscreen and/or bug spray. I un-
derstand that the school **does not** provide these items.

Child's Name _____ Date of Birth _____

Please apply the following to my child:



____ sun screen



____ bug spray

Parent's Signature _____ Date _____

This form is valid for 6 months.