

Mosquito Repellent Form

Dear Parents,

To help us prevent mosquito bites while on our playground, we would like to protect your children using mosquito repellent. The spray we use is:

Off! Active Insect Repellent

Active Ingredient: Deet 15%

Please indicate your preference regarding mosquito repellent on the form below. If you have any questions or concerns, please feel free to contact our Preschool Nurse at 9275803 or pnurse@runnels.org.

Sincerely,

The Preschool Staff

Mosquito Repellent Form

Please indicate below your wishes for mosquito bite prevention.

Child's Name : _____

Child's Class: Two Three Pre-K

_____ Please spray my child before he/she goes onto the playground and as needed throughout the day.

_____ I will spray my child before he/she arrives at school.

_____ I choose not to use mosquito spray on my child.

Parent's Signature

Date