



Mosquito Repellent Permission Form

Child's Name:

I give permission to Fatima Tricha Payan Large Family Child Care ("LFCCH") to apply mosquito repellent provided by the LFCCH or by myself, to my child prior to outside play for the prevention of mosquito bites

I, _____, read and agree with Fatima Tricha Payan Large Family Child Care's Photo/Video Release.

Parent's Signature _____ Date _____