

CAMP SIMCHAH
HYGIENE AND HEALTH PRACTICES
Insect Repellent Permission

I give permission for the JCCNS Camp Simchah Program to apply an insect repellent product to my child, as specified below, while he/she is attending our program during the hours of 9 AM through 4 PM. I have initialed below all applicable information for the use of insect repellent for my child.

____ (initial) I do not know of any allergies my child has to insect repellent.

____ (initial) My child is allergic to some insect repellents. Please use **ONLY** the following brand(s)/type(s) of insect repellent that I have labeled and sent:

I have provided the following brand/type of bug spray for use for my child:

____ I give permission to the JCCNS to apply insect repellent when needed.

____ I **do not** give permission to the JCCNS to apply insect repellent needed.

Campers Name: _____

Parent/Guardian's Signature: _____

Date: _____