Authorization to Administer Insect Repellent

Child's name: _____ Child's birth date: _____

I authorize staff to apply Wisconsin Youth Company provided insect repellent: Cutter Family Pump Spray (7% DEET)
☐ Yes ☐ No

OR

I will provide insect repellent for staff to apply. Insect repellent will be in the original container and labeled with the child's first and last name. ☐ Yes ☐ No

Brand name _____ DEET %: _____

Repellent expiration date: _____ ☐ Not listed on container

Length of authorization: from _____ to _____

_____ _____
Parent or Guardian Signature Date