Framingham Centre Nursery School

24 Vernon St. Framingham, MA 01701

508-875-8260

Sunscreen/Bug Repellent Application Permission

One of the great things about FCNS is the large playground. But that comes with its own challenges especially in the Spring and Summer months.

EEC (Massachusetts Department of Early Education and Care) regulates the application of **Topical, non-Prescription Medication** (not applied to open wounds or broken skin) (7.11(2)(l)5). Parental consent is required but we do not need a doctor's authorization nor does FCNS need to log these applications.

<u>Because of reactions to topical medications, FCNS requires that you provide the preferred brand that you would like us to use on your child.</u>

Sunscreen:

While there is ample shade outside, there are times when your child will be in direct sunlight. Besides protective clothing such as hats and lightweight long-sleeved shirts, it is a good idea to apply sunscreen on your child before they come to school each day. If they are at school for a longer day, with your permission and your own sunscreen, we can re-apply mid-day to maintain continued protection.

I give permission to the staff at FCNS to apply the **sunscreen** that I have provided on my child, _____. This

(Child's name)

permission is good for 1 year from the date below.

Parent/Guardian Signature: _____ Date: _____

Bug Repellent:

Mosquitoes, ticks and other biting insects are a part of the natural environment at FCNS. We do our best to reduce your child's exposure to these but we are not able to illuminate them all together. It is a good idea to apply bug repellent on your child before they come to school each day. If they are at school for a longer day, with your permission and your own bug repellent, we can re-apply mid-day to maintain continued protection.

I give permission to the staff at FCNS to apply the **bug repellent** that I have provided on my child, _____. This

(Child's name)

permission is good for 1 year from the date below.

Parent/Guardian Signature: _____ Date: _____