

## Insect Repellant Policy/Procedure and Permission Form

Heart of the Shepherd Child Development Center will apply Insect Repellant to children prior to going outside during the summer months. HOTS CDC will provide Insect Repellant for all children. Parents whose children need a specific brand of Insect Repellant because of allergies or other medical reasons may provide their own with a doctor's note. Special Insect Repellant must be labeled with the child's name and used only by that child.

Per our consulting pediatrician and information provided by the American Academy of Pediatrics, HOTS CDC will apply Insect Repellant to children as needed, according to the following guidelines:

- Repellant containing DEET will not be used on children who may lick their skin.
- Repellant containing DEET will not be used on children under the age of 2 years.
- Children 2 years and older may have insect repellant applied sparingly to the backs of their necks, legs, and arms. Hands will be avoided, so that repellant does not get rubbed in children's eyes.
- Repellant containing DEET will not be used under clothing.
- Only use insect repellants with less than 10% DEET.
- Parents who do not want their child to receive insect repellant should indicate below on this form which will be kept in their child's file.
- Parents who wish to have their child use a repellant which does not meet our guidelines must fill out a medication permission form.

**PLEASE NOTE:** Our consulting pediatrician recommends that children be bathed prior to bedtime on days when insect repellant has been applied. Staff will post a card on the Parent Information Board that indicates if insect repellant has been used on a given day. It is parents' responsibility to check for this information when they pick their child/ren up at the end of the day.

\_\_\_I give permission to Heart of the Shepherd Child Development Center Staff and Teachers to apply Insect Repellant to my child.

\_\_\_I do NOT want Insect Repellant applied to my child at this time.

\_\_\_I will provide a doctor's note and Insect Repellant for Heart of the Shepherd Child Development Center Staff and Teachers to apply to my child.

Parent's Signature (s) \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_ Date\_\_\_\_\_