

MANSFIELD CHILDREN'S CENTER  
1100 School St., Mansfield, MA 02048  
(508) 339-4111

MCC RELEASES

Child's Name: \_\_\_\_\_

SUNSCREEN (Provided by parents)

1. Please apply a commercial broad-spectrum, water based SPF 30-50 sunscreen on my child as needed. Yes \_\_\_\_\_ No \_\_\_\_\_
2. My child has had an allergic reaction to sunscreen in the past and may only use \_\_\_\_\_ which I have provided.

INSECT REPELLANT (Provided by parents)

1. Please apply a commercial insect repellent with 5 – 7% DEET as needed for times when my child is outside for less than 2 hours. Yes \_\_\_\_\_ No \_\_\_\_\_.
2. Please apply a commercial insect repellent with 15 – 30% DEET as needed for times when my child is outside for 2 – 5 hours or on a nature walk. Yes \_\_\_\_\_ No \_\_\_\_\_.
3. My child has had an allergic reaction to insect repellent in the past and may only use: \_\_\_\_\_.

POOL

My child has permission for supervised swim in the large inground pool. (Infants and Toddlers - wading pool) Yes \_\_\_\_\_ No \_\_\_\_\_. EAR PLUGS required? \_\_\_ L \_\_\_ R

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date