

## Parent Supplied Products

*I give my permission to the Encompass staff to apply the following on my child as needed.*



(Please list the brand name and ingredient strength of the product to be used.)

\_\_\_\_\_ Non-aerosol Sun Screen SPF#15 or higher \_\_\_\_\_

\_\_\_\_\_ Non-aerosol Insect Repellent (*with DEET recommended & only applied once a day*)

\_\_\_\_\_ Diaper Cream/Powder

\_\_\_\_\_ Hand/Body Lotion/Lip Balm

Any special instructions? \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_