

MARYLAND SCHOOL FOR THE DEAF

INSECT REPELLENT AUTHORIZATION FORM SCHOOL YEAR 2019-2020

Dear Parents/Guardians:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use insect repellent at schools and youth camps which consists of obtaining prior authorization from the parent/guardian to apply insect repellent to their child at school or camp. We must abide by the state of Maryland policy as outlined below.

Please read the following regarding use and application of insect repellent at the Maryland School for the Deaf. The authorization statement must be completed and submitted along with the insect repellent labeled for your child (one form and bottle per student).

MSD Insect Repellent Policy

1. Each student's parent/guardian must provide written permission for use and application of insect repellent on their child.
2. Insect repellent containers must be clearly labeled with the Student's name and must be provided to the Student Health Center staff.
3. Insect repellent will be applied by staff to the younger children. Older students should, in most instances, apply the insect repellent on their own. If assistance is needed, it will be provided by the Maryland School for the Deaf staff ONLY if specifically authorized (see below).
4. Parents/guardians are encouraged to apply insect repellent to their child before the child attends camp or a school sponsored outdoor activity that day.

MSD Insect Repellent Authorization

Student's Name: _____ Age: _____

Brand of Insect Repellent: _____ Expiration Date: _____

YES, I give permission for members of the Maryland School for the Deaf to assist in applying insect repellent to my child. In the event my child does not bring insect repellent to school and conditions warrant its use, by my signature below I authorize the staff at the Maryland School for the Deaf to use school supplies of insect repellent.

I understand that this may require the staff members to touch my child's face, shoulders, back, arms, and lower legs. Insect repellent will be applied in the presence of other staff members. I understand that staff will not apply insect repellent to my child's front torso or upper legs, but will assist and/or direct the child to do so.

Parent/Guardian's Printed Name Parent/Guardian Signature Date:

NO, I do not give permission for Maryland School for the Deaf Staff members to assist in applying insect repellent to my child.

Parent/Guardian's Printed Name Parent/Guardian Signature Date: