Baby, Toddler and preschool land

1101 park street S.E., Vienna VA 22180
10400 Fairfax Village Drive, Fairfax VA 22030

Bug Spray Authorization

I, _____, give permission to the Baby, Toddler and Preschool land Staff to apply bug spray to my child.

Type of bug spray _____

Times to be applied _____

Dates to be applied _____

Parent must list any known adverse reactions to the Child, to the bug spray _____

_____

_____

*This is a State of Virginia Regulation – Without this form we Can not apply bug spray on your child.

Child's Name	Date of Use	Time applied	Adverse reaction- yes or No	Type of reaction