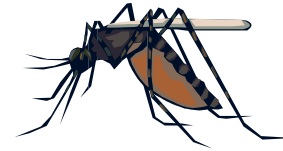


OUR LADY QUEEN OF PEACE CATHOLIC SCHOOL



To Cover The School Year (select from menu) : _____ 2021-2022

Dear Parents/Guardians,

If you would like our staff to treat your child with insect repellent, please complete the bottom portion of this form giving us permission to administer this treatment.

You must also provide the repellent marked with your student's name.

The insect repellent will be given to the homeroom teacher

YES, please treat my child with the insect repellent I have provided.

NO, do not treat my child with insect repellent.

Student: _____

Grade _____ Teacher: _____

Parent/Guardian Signature: _____

Date: _____