

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: _____