Child's Name:_____ **Seasonal Bug Spray Record April - October 20___** Name of Bug Spray: _____

Signature of Authorization to apply to child: _____ Date Authorized:_____ Contains DEET: Yes / No

How often to apply:_____

APRIL

Time Applied	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00 AM																															
12:00 PM																															
2:00 PM																															

MAY

Time Applied	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00 AM																															
12:00 PM																															
2:00 PM																															

JUNE

Time Applied	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00 AM																															
12:00 PM																															
2:00 PM																															

JULY

Time Applied	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00 AM																															
12:00 PM																															
2:00 PM																															

AUGUST

Time Applied	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00 AM																															
12:00 PM																															
2:00 PM																															

SEPTEMBER

Time Applied	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00 AM																															
12:00 PM																															
2:00 PM																															

OCTOBER

Time Applied	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00 AM																															
12:00 PM																															
2:00 PM																															