

(UPDATED) 2019-2020 Insect Spray Permission Form
Eau Claire Public Schools

As you know, there have been three confirmed cases of Eastern Equine Encephalitis (EEE) in southwest Michigan, two (2) of those cases are right here in Eau Claire. Although the risk of contracting EEE is very low, we would like to be proactive and will encourage students and athletes to apply mosquito repellent recommended by the Berrien County Health Department.

The following Insect repellent will be provided for all students/teams/groups that are involved in outside activities. Students will be encouraged to apply the repellent and parents and guardians should advise students on whether or not use the school-provided insect repellent. *However, school officials have been advised to not administer it to students.*

Product: Repel Insect Repellent Sportsmen Max Formula 40% DEET (Click here for the [Safety Data Sheet](#))

- REPELS: Create a barrier against mosquitoes, including those that may transmit the Zika, West Nile, Dengue and Chikungunya viruses, ticks, gnats, biting flies, chiggers and fleas.
- CONTAINS 40% DEET: Provides long-lasting protection in the great outdoors – this is one of the highest DEET concentrations available in an aerosol.
- AEROSOL SPRAY Recommended by the Centers for Disease Control and Prevention for effective, long-lasting protection against mosquitoes, DEET is also an effective repellent for ticks.

Please complete this form to indicate your consent for your child to apply mosquito repellent.

Parent's Name: (print) _____

Child's Name: (print) _____ Grade: _____

_____ I **DO NOT** want any repellent used on my child.

_____ I have included my own brand of mosquito repellent for my child to apply. **The brand is:**

_____ I give permission for my child to use the mosquito repellent provided by Eau Claire Public Schools and I acknowledge that neither the school nor its employees are responsible for any adverse reactions. Further, I understand that insect repellent does not guarantee protection against diseases that are transmitted by insect bites, including EEE.

Parent Signature: _____ Date: _____