



The following information has been excerpted from *West Nile Virus: Mosquito Repellants & Personal Protective Measures* produced by Public Health, Region of Waterloo.

Important Repellent Reminders

- Remember to use the lowest concentration needed for the time outside and never use DEET on children under six months of age.
- Apply only on exposed skin or clothing. Do not apply under clothing.
- Do not apply to open wounds, irritated or sunburned skin, or near your eyes and mouth. Apply sparingly around ears. If repellent is applied to eyes or mouth, rinse with water right away.
- Do not apply directly on children's hands or face. To apply repellent, an adult should place it on his or her hands and then apply to the child. Do not allow children to handle insect repellent.
- Wash skin with soap and water when protection is no longer needed. Also, wash treated clothing before wearing again.
- Sunscreen must be applied 30 minutes before applying insect repellent.

DEET Application Chart

| Age Group | Suggested % of DEET | Recommended # of applications daily | Hours of protection per application |
|---------------------|--|--|-------------------------------------|
| Newborn to 6 months | DEET is not recommended for this age group | | |
| 6 m to 2 yr | 5 to 10% | Not more than 1 <i>(do not apply to hands/face)</i> | 2 to 3 hours |
| 2 yr to 12 yrs | 5 to 10% | Not more than 3 | 2 to 3 hours |
| 12 yrs | 15 % | None stated | Up to 5 hours |
| Over 12 yrs | 30% | None stated | Up to 6.5 hours |

PARENT PERMISSION TO APPLY INSECT REPELLANT

I/We, the parents of _____, have read the guidelines above provided by Public Health. I/We have provided the following type of insect repellent:

Brand _____ **% of DEET** _____ **Expiry Date** _____

I/We give permission to the staff of RisingOaks Early Learning to apply the supplied insect repellent to my/our child per the guidelines outlined by Public Health. I understand that RisingOaks can only apply said insect repellent if it meets the guidelines above for my child's age with respect to the % of DEET.

Tip: Use Tools, Fill & Sign to draw or type your signature .

Parent/Guardian signature

Date

For Office Use Only

Received by: _____

Labeled by: _____

Stored in: _____

Date: _____

(2020-12)

This document is available in alternate formats and/or with communication supports, upon request. This agreement may be signed in a number of counterparts and facsimile signatures are acceptable and deemed binding. We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.risingoaks.ca or contact your centre Supervisor for a copy.