



MUDGEERABA
STATE SPECIAL SCHOOL

Dear Parent/Carer

At times there is an increase in the numbers of mosquitoes, and sand-flies in this area due to weather changes.

Queensland Health has advised that:

- personal insect repellents containing Picaridin or DEET are recommended to protect children from insect bites,
- only a thin, even coverage of repellent is required on the skin (do NOT apply an excessive amount), and
- if your child requires assistance, you should apply repellent to your hands first, then to the exposed skin of your child.

Our school encourages children to have their own personal repellent. Should your child not have their own personal repellent, the school will apply Aerogard odourless when needed. As Queensland Health recommends that young children should not be allowed to apply their own repellents, our staff will be available to help those students who need assistance.

For your child to use insect repellent at school, you are required to provide consent.

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent. If you have any questions about this initiative, please contact administration on 5559 3333.

Queensland Health advises that anyone with known allergies to personal insect repellents should not use these products. Parents should check the manufacturer's recommendations before use. If you have any concerns regarding your child's use of insect repellents, you should consider seeking medical advice prior to giving consent.

Information on insect repellents can be found at

http://medent.usyd.edu.au/arbovirus/mosquit/repellent_guidelines_2011.pdf

Yours sincerely

Colleen Hope

Principal

AN INDEPENDENT PUBLIC SCHOOL

PO Box 185

4-6 School Street, Mudgeeraba, QLD, 4213

T: 075559 3333

| www.mudgeeraspecs.eq.edu.au |

F: 075559 3300



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WRITTEN AUTHORITY FOR THE USE OF INSECT REPELLENT

Student name:

Class:Date of birth:

Please complete the relevant section below regarding the use of insect repellent, as directed by the school.

- ☐ I have read all of the information in this form in relation to application of sunscreen including any attached material and I am aware that the Department of Education, Training and Employment does not have personal accident insurance cover for students.
- ☐ I give permission for **Aerogard odourless pump insect repellent** (containing Picaridin) to be applied to (child's name) ----- prior to outside activities when needed.
- ☐ My child has allergies and requires a **specific brand other than Aerogard odourless pump insect repellent** to be applied which I will supply to my child's class teacher. In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonable require, including contacting my child's doctor.
- ☐ NO, I do not give permission for my child to use insect repellent.
----- (child's name)
- ☐ My child has used insect repellent recently with no adverse reactions.

Additional medical information (if applicable)

Parent/Carer name (Please print):

Parent/Carer signature:

Date:

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