



ADVISORY TO ALL PARENTS

Dear Parent/Guardian:

As a part of the _____ school district's (daycare center's) pest management program, pesticides are occasionally applied. You have the right to be informed prior to any pesticide application made to the school (daycare) grounds and buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. If you need prior notification, please complete the information below and submit to:

Name
School
Address
Phone Number

You may also contact _____ at _____ if you have any questions regarding this letter.

PESTICIDE PRIOR NOTIFICATION REQUEST

Parent/Guardian Name: _____

Student's (Child) Name: _____

Street Address: _____

City: _____ Zip Code _____

Telephone Numbers: Daytime: _____ Evening: _____

Please Check One:

- I wish to be notified prior to a scheduled pesticide treatment inside of a building.
- I wish to be notified prior to a scheduled pesticide treatment on the outside grounds of the school (daycare center).
- Both of the above.

Signature

Date