

## Sunscreen Permission Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Sunscreen/SPF: \_\_\_\_\_

The Township of West Lincoln Summer Camp Staff will assist in applying sunscreen to bare surfaces including the face, neck, tops of ears, bare shoulders, arms, legs, and feet 15-30 minutes before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

I understand that sunscreen will be applied to my child before outdoor activities.

\_\_\_\_\_  
Parent/Guardian Signature

### Special Instructions:

\_\_\_\_\_ I do not want my child to use any sunscreen other than the one that I send to camp.

\_\_\_\_\_ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by camp.

\_\_\_\_\_  
Parent/Guardian Signature