Sunscreen Authorization Form

PARENT/GUARDIAN’S PERMISSION TO PROVIDE SUNSCREEN TO HIS/HER CHILD

Name of Child: _________________________________________________

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child’s risk of getting skin cancer someday. Therefore, I give permission for the Calvert County Natural Resources Nature Discovery Camp Staff to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m.

Please check and initial all applicable information regarding the use of sunscreen for my child and the choice in brand/type:

- I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs, unless indicated otherwise.
- I do not know of any allergies my child has to sunscreen.
- Staff may provide the sunscreen of the program’s choice following the directions and recommendations printed on the product container.
- Staff may apply sunscreen I provide on my child. Please use the following brand(s)/type(s) of sunscreen, which I have provided: ____________________________
- My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen, which I have provided: ____________________________
- For medical or other reasons, please do NOT apply sunscreen to the following areas of my child’s body: ____________________________

Parent/Guardian’s Name: ________________________________________ Date: ________

Parent/Guardian’s Signature: ______________________________________

Health Care Provider’s Signature (optional): ____________________________

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!