



**CALVERT COUNTY  
DEPARTMENT OF PARKS AND RECREATION  
NATURAL RESOURCES DIVISION**

175 Main Street  
Prince Frederick, Maryland 20678  
410-535-5327  
[www.calvertcountymd.gov](http://www.calvertcountymd.gov)

Shannon Nazza, Director  
Karyn Molines, Division Chief

*Board of Commissioners*  
Mark C. Cox Sr.  
Catherine M. Grasso  
Earl F. Hance  
Mike Hart  
Todd Ireland

Please complete at least 2 weeks before the start of camp and email to: [CypressSwamp@calvertcountymd.gov](mailto:CypressSwamp@calvertcountymd.gov)

**SUNSCREEN AUTHORIZATION FORM**

**REQUIRED FOR EVERY CAMPER**

**PARENT/GUARDIAN'S PERMISSION TO PROVIDE  
SUNSCREEN TO HIS/HER CHILD**

Name of Child: \_\_\_\_\_  
Name of camp session: \_\_\_\_\_

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.
- ☐ \_\_\_\_\_ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_
- ☐ \_\_\_\_\_ 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: \_\_\_\_\_

**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!**

Maryland Relay for Impaired Hearing or Speech: 1-800-735-2258