**Use of Sunscreen**

**Sign if Sunscreen is NOT required:**

I request and acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ not be required to wear sunscreen while at camp, and that at no time should sunscreen be applied to this camper. I am aware that my camper will be exposed to sunlight and time in the outdoors. While I understand that camp staff will do their best to prevent overexposure to sun, I recognize that there is the possibility that this may occur.

*I acknowledge and confirm that I have read this entire document prior to signing below.*

Parent Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign if sunscreen is required:**

My son/daughter will bring sunscreen to Summer Day Camp every day and I do wish that it be applied before going outside to play.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Child needs help applying the sunscreen: Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_