



Sunscreen and Insect Repellent Authorization Form

Child's Name: _____

Date of Birth/Age: _____

Spring Start Date: March 31, 2025

Summer Start Date: June 16, 2025

Stop Date: (Note: Authorization can only be valid for 6 months): _____

Times to be applied: Prior to sun exposure

Storage: Room temperature

Special Instructions (including previous sunscreen reactions): _____

Please indicate choices below:

- Sunscreen Brought from Home (Please follow instructions below)**

Please place this completed form in a resealable Ziplock bag with sunscreen and insect repellent from home. Please label both the bag and the contents with your child's name. The bag will remain at room temperature at camp and will be returned at the end of the week.

Name of Sunscreen & SPF:

- Insect Repellent Brought from Home (Please follow instructions below)**

Please place this completed form in a resealable Ziplock bag with sunscreen and insect repellent from home. Please label both the bag and the contents with your child's name. The bag will remain at room temperature at camp and will be returned at the end of the week.

Name of Repellent:

I authorize the use of the above indicated sunscreen and/or insect repellent on my child.

Parent/Guardian 1 : _____ **Date:** _____

Parent/Guardian 2 : _____ **Date:** _____