Sunscreen Release Form

Dear Parent/Guardian- Please apply sunscreen to your camper each day prior to their arrival at camp. Sunscreen will be reapplied as needed throughout the camp day. Please be sure to label your child's sunscreen with his/her name and place in your child's camp supply bin.

Sunscreen will stay at camp and be sent home on Friday.

Camper:_____

Sunscreen Brand:_____

Expiration Date: _____

SPF: _____

____Yes, I give permission for staff members at Summer Sensations Camp to assist my camper with sunscreen application.

____No, I do not give permission for staff at Summer Sensations Camp to assist my camper with sunscreen application. I understand that this means my child must self-administer sunscreen.

_____ _____

Parent/Guardian Signature Date