



At Holton-Arms School 7303 River Road Bethesda MD 20817

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www.holtoncreativesummer.org
301-365-6003 fax 301-365-6087

SUNSCREEN AUTHORIZATION FORM – COPY #1 – SUBMIT TO CS OFFICE

Child's Name _____ Male Female DOB (mm/dd/yyyy) ____/____/____

Parent/Guardian Name: _____ Phone: _____

The Maryland Department of Health and Mental Hygiene (DHMH) encourages the appropriate use of sunscreen during summer activities. Sunscreen is not considered a medication requiring a prescriptive order; parental authorization is sufficient.

- Sunscreen must be provided by the parent/guardian in its original container.
- The Camper's name must be clearly marked on the sunscreen container.
- Parents are encouraged to apply sunscreen to their children before they arrive at camp for the day.

I hereby give permission for my child to use sunscreen during the camp day. I will provide sunscreen in its original container with my child's name clearly written on the package. I have listed acceptable sunscreen brand(s) below:

Sunscreen brand(s): _____

Please check one option:

- I authorize Creative Summer counselors to assist my child in applying sunscreen.
- I do not authorize Creative Summer counselors to assist my child in applying sunscreen.

Parent/Guardian Signature: _____ Date: _____



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SUNSCREEN AUTHORIZATION FORM – COPY #2 – KEEP WITH SUNSCREEN

Child's Name _____ Male Female DOB (mm/dd/yyyy) ____/____/____

Parent/Guardian Name: _____ Phone: _____

The Maryland Department of Health and Mental Hygiene (DHMH) encourages the appropriate use of sunscreen during summer activities. Sunscreen is not considered a medication requiring a prescriptive order; parental authorization is sufficient.

- Sunscreen must be provided by the parent/guardian in its original container.
- The Camper's name must be clearly marked on the sunscreen container.
- Parents are encouraged to apply sunscreen to their children before they arrive at camp for the day.

I hereby give permission for my child to use sunscreen during the camp day. I will provide sunscreen in its original container with my child's name clearly written on the package. I have listed acceptable sunscreen brand(s) below:

Sunscreen brand(s): _____

Please check one option:

- I authorize Creative Summer counselors to assist my child in applying sunscreen.
- I do not authorize Creative Summer counselors to assist my child in applying sunscreen.

Parent/Guardian Signature: _____ Date: _____