

**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: \_\_\_\_\_

**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: \_\_\_\_\_