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# Sunscreen Authorization Form

**All Around Gymnastic Academy – Summer Camp**

## Camper Information:

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_

Camp Session(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent/Guardian Provided Sunscreen:

Brand & SPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Permissions:

* ⬜ I give permission for my child to self-apply sunscreen.
* ⬜ I give permission for camp staff to assist my child with sunscreen application to areas they cannot reach (e.g., shoulders, back).
* ⬜ I give permission for camp staff to fully apply sunscreen to my child as needed.
* ⬜ I give permission for my child to use camp-provided sunscreen in the event they forget theirs.

## Parent/Guardian Agreement:

I understand that sunscreen is considered a topical medication under Massachusetts camp regulations. I agree to provide sunscreen for my child daily, labeled with their full name, and understand that camp staff will supervise and/or assist with reapplication as needed. I agree that staff will take reasonable care to apply sunscreen appropriately and safely.

Parent/Guardian Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact (in case of allergic reaction): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_