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**CALVERT COUNTY
DEPARTMENT OF GENERAL SERVICES
NATURAL RESOURCES DIVISION**

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Prince Frederick, Maryland 20678
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Board of Commissioners
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SUNSCREEN AUTHORIZATION FORM
REQUIRED FOR EVERY CAMPER
PARENT/GUARDIAN'S PERMISSION TO PROVIDE
SUNSCREEN TO HIS/HER CHILD

Name of Child: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the Calvert County Natural Resources Nature Discovery Camp Staff to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m.

Please check and initial all applicable information regarding the use of sunscreen for my child and the choice in brand/type:

- _____ I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs, unless indicated otherwise.
- _____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____
- _____ I do not know of any allergies my child has to sunscreen.
- _____ Staff may provide the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- _____ Staff may apply sunscreen I provide on my child. Please use the following brand(s)/type(s) of sunscreen, which I have provided: _____
- _____ My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen, which I have provided: _____

Parent/Guardian's Name: _____ **Date** _____

Parent/Guardian's Signature: _____

Health Care Provider's Signature (optional): _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!

OFFICIAL USE ONLY:

DATE RECEIVED: _____ STAFF INITIALS: _____

CAMP _____	LOCATION _____
CAMP _____	LOCATION _____
CAMP _____	LOCATION _____