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**CALVERT COUNTY  
DEPARTMENT OF PARKS AND RECREATION  
NATURAL RESOURCES DIVISION**

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# Sunscreen Authorization Form

## 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.
- \_\_\_\_\_ 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: \_\_\_\_\_
- \_\_\_\_\_ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_

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 _____