



Permission to Apply Sunscreen Waiver Form

Name of Child _____

Camp Name _____

Club SciKidz requests that sunscreen be applied to your child prior to them attending camp for the day.

As the parent or legal guardian of the above named child, I hereby give my permission the Director(s) at **Club SciKidz Summer Day Camp** to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities between the times of 10:00AM and 4:00PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

____ The Director(s) of **Club SciKidz Summer Day Camp** may use the sunscreen of their choice according to package directions.

____ Only use the following type(s) SPF of sunscreen (parent will provide):

____ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (Print) _____

Parent/Guardian Signature _____ Date _____