

**SUNSCREEN
&
BUG SPRAY
AUTHORIZATION FORM**



CHILD'S NAME: _____

In order to expedite and simplicity the process of applying sunscreen prior to outdoor activities, field trips, and water play, W.I.L.D.K.A.T.S. Camp requests that all of the participants use the sunscreen donated/ provided. This will allow for only one bottle of sunscreen to be carried to the pool and on field trips rather than a separate bottle for each child. If you would prefer your child to have his/her own specific sunscreen, we will also accommodate your request. Please provide a bottle of the specific sunscreen or bug repellent clearly labeled with your child's name.

I understand that W.I.L.D.K.A.T.S. Camp will use one bottle of sunscreen while attending camp and I authorize the application of these sunscreen products to my child by the staff of W.I.L.D.K.A.T.S. Camp.

* I also agree to apply sunscreen to my child before dropping my child off at W.I.L.D.K.A.T.S. Camp due to the lag time in sunscreen effectiveness after application.

Parent/ Guardian Signature: _____

Date: _____