



Sunscreen Authorization Form

Child's Name:	Date of Birth & Age: (Do not apply on infants 6 months & younger without
Start Date:	Stop Date:
Times to be Applied:	Special Instructions:

I authorize the REAL Summer Adventure Camp staff to apply "parent-provided" sunscreen on my child.

 Parent/Guardian

 Date

 Daytime Phone Number

Parent-Provided Sunscreen (to be completed by parent)

Name of Sunscreen & SPF:	Active Ingredients:
Possible Side Effects:	Other Label Information:

Reason for medication: Protection from sun
 Amount to be given: Cover exposed areas of skin
 Route: Topical
 Storage: Room temperature



