



Parent's / Guardian's Permission to Apply Sunscreen to Child

(Name of Camper) _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at *Terrapin STEM Camp* to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially between the camp operational hours of 9a.m.-5p.m. As with any topical medical or cream, the first application of any brand of sunscreen should be applied at home in order to evaluate your child's possible allergic reaction to that product. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- I have provided the following brand/type of sunscreen for use on my child:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent / Guardian full name (print): _____

Parent / Guardian signature: _____

Date: _____