

**SUMMER 2008 SUNSCREEN AUTHORIZATION**

**Sunscreen Application Authorization**  
(longer than 10 days)

Camper's Name: \_\_\_\_\_  
Last First Nickname

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade going into Fall 2008: \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of the camper specified above,  
(please print)  
certify that the following sunscreen may be administered to my child, by the Cavalier Day Camp staff, during camp hours.

Sunscreen: SPF 40 and above  
Dosage and time: Multiple applications per day, if needed  
Duration: Length of stay outside

Are there any known adverse reactions to *any* sunscreen? If yes, please list reaction that occurs and type/brand of sunscreen.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date