

# SUNSCREEN/ BUG SPRAY ADMINISTRATION AUTHORIZATION FORM

For administration by youth camp personnel

Name of Child \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Today's Date \_\_\_ / \_\_\_ / \_\_\_

Sunscreen Name \_\_\_\_\_

Bugspray Name \_\_\_\_\_

**Specific Instructions for administration** \_\_\_\_\_

Time of administration \_\_\_\_\_ Frequency of administration \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # ( ) Work Phone # ( ) Cell Phone # ( )

**Self-Administration Authorization/ Approval**

Parent/guardian authorization for self-administration:  YES  NO \_\_\_\_\_ (Sign & Date)

**Sunscreen/Bugspray Administration Record—to be filled out by NCNC personnel**

Date	Time	Sun, Bug or both?	Remarks	Was this medication self-administered?	Signature of person observing or administering medication.
				Yes      No	
				Yes      No	
				Yes      No	
				Yes      No	
				Yes      No	
				Yes      No	
				Yes      No	
				Yes      No	

Name of New Canaan Nature Center personnel receiving sunscreen and/or bugspray administration authorization \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

