

# 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)

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