



Authorization for Application of Sunscreen

Camper's Name*

Camp Name

DOB

I give my consent for my son/daughter to have sunscreen applied by the Michael Ann-Russell Jewish Community Center's Camp Sol Taplin Counselor(s).

- Any sunscreen

- Specific sunscreen _____

(Name & Brand of Sunscreen)

Additional Comments



Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

* One form per camper

**Please provide your own, labeled, sunscreen