

**Terrific Scientific Atlanta Summer Camp
Permission to Apply Sunscreen Form**

Name of Child _____

Camp Name _____

Terrific Scientific Atlanta, requests that sunscreen be applied to your child prior to them attending camp for the day.

As the parent or legal guardian of the above named child, I hereby give my permission the Director(s) at Club Scientific Summer Day Camp to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities between the times of 10:00 AM and 4:00 PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ The Director(s) of Terrific Scientific Atlanta Summer Day Camp may use the sunscreen of their choice according to package directions.

_____ only use the following type(s) SPF of sunscreen (parent will provide):

_____ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (Print) _____

Parent/Guardian Signature _____ Date _____