



# SUNSCREEN RELEASE AND MEDICATION PERMISSION FORM YMCA School Age Services

## PERMISSION TO ADMINISTER SUNSCREEN (SUMMER ONLY)

Parents are responsible for providing sunscreen for their child to use at camp. Parents are expected to apply the first coat of sunscreen in the morning before bringing children to camp. YMCA staff will stop activities for all children to apply sunscreen at two additional times throughout the day.

**Please complete the information below to give permission for YMCA Staff to apply sunscreen to your child. Note that children will only be allowed to use the sunscreen indicated below.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please list any allergies to sunscreen: \_\_\_\_\_

The YMCA may apply any type/brand of sunscreen to my child?  Yes  No

If no, please list any type(s)/brand(s) of sunscreen NOT allowed: \_\_\_\_\_

I understand that YMCA Summer Adventure participants spend a minimum of 50% of their time outside and that the use of sunscreen may not prevent my child from being sun burnt but will aid in the protection against harmful sunrays.

**I hereby give permission to the YMCA to apply the sunscreen listed above to my child during my child's participation in Summer Adventure.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO ADMINISTER MEDICATION (IF NEEDED)

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Prescribed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Administration directions and dosage: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Visible side effects to watch for: \_\_\_\_\_

Proper care of medication:  Refrigerate  Room temperature  Other \_\_\_\_\_

**I hereby give permission to a staff member of the YMCA to administer the medication described above beginning today and ending \_\_\_\_\_.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

