



2012 Summer Camp Sunscreen/Sunblock Authorization Form

I give permission for The Adventure Club staff to administer sunscreen/sunblock to my child, _____, when deemed necessary by TAC Staff during 2012 Summer Camp.

I will label my child's sunscreen/sunblock with his/her NAME, ADDRESS and TELEPHONE NUMBER.

I understand that the sunscreen/sunblock will be kept in a secure place.

Insect Repellent Authorization Form

I give permission for The Adventure Club staff to administer insect repellent to my child, _____, when deemed necessary by TAC Staff during Summer Camp.

I will label my child's insect repellent with his/her NAME, ADDRESS and TELEPHONE NUMBER.

I understand that the insect repellent will be kept in a secure place.

I am opting to not provide/ authorize insect repellent _____ (initials)

****Please note any adverse reactions to **insect repellent** and/ or **sunscreen/sunblock**:**

Parent's Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____