



ST. MARY'S COUNTY RECREATION & PARKS



SUMMER CAMP SUNSCREEN & BUG SPRAY AUTHORIZATION FORM



Please complete this form and return with sunscreen/bug spray the first day of camp. Spray sunscreen is preferred.

Child's Name: _____

Child's Date of Birth: _____

Brand of Sunscreen/Bug Spray: _____

Please label the bottle with your child's name

I do do not give permission for camp staff to assist my child with applying sunscreen/bug spray. Campers will be supervised while applying sunscreen/bug spray themselves.

Parent/Guardian Signature

Date

Daytime Phone Number: _____

Please return completed form to summerfuncamps@stmaryscountymd.gov.