

City of Westminster Recreation & Parks

Summer Camp

Permission to apply over the counter creams, ointments and sunscreen

Name of Child: _____ Date of Birth: _____

Parent or Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

This form is to be used for over the counter topicals only. All prescription creams, lotions, ointments, etc. require the Medication Form. This form is to be used for non-medicated sunscreen, lip balm, Vaseline, lotions, creams, ointments, etc. that are to be applied to external areas only. Any cream, lotion, ointment, etc. must be provided by the parent and labeled in permanent marker with the child's name. It should also have been applied at home prior to attending camp to ensure no adverse effect to the child (i.e. rash, irritation or other reaction). Please list all topicals separately.

1. _____

Type of Topical	Brand Name	Area of body to be Applied
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2. _____

Type of Topical	Brand Name	Area of body to be Applied
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3. _____

Type of Topical	Brand Name	Area of body to be Applied
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My child has previously used the above product(s) with no adverse reaction(s).

Parent or Guardian Signature

Date

FOR SUNSCREEN USE ONLY:

Children will be expected to apply their own sunscreen. Please practice this at home. Staff may assist with your signed permission only.

Parent or Guardian Signature

Date

Camp staff will have sunscreen with an SPF of at least 30 available (type and brand will vary) if your child forgets to bring their own sunscreen. Staff will make this sunscreen available to your child(ren) with your permission only.

Parent or Guardian Signature

Date

