



Permission to Apply Sunscreen Waiver Form

Name of Child _____

Camp Name _____

Club SciKidz Houston 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 SciKidz Houston 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 10:00AM and 4:00PM. 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 **Club SciKidz Houston 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 _____ Date _____