



# CHRIST CHURCH camps

## Skin Care Product Permission Form TO BE KEPT ON FILE IN THE CAMP OFFICE

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

Camp: \_\_\_\_\_ Class: \_\_\_\_\_

I understand that I am responsible for supplying the named, over-the-counter skin ointment. The product shall be in the original container and clearly labeled with my child's name. I understand that staff member's without medication administration training may apply the named product.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Sunscreen:

I give permission for the staff of Christ Church Camps to apply the following, over the counter sunscreen product to my child.

Date: \_\_\_\_\_

Duration of request/permission: \_\_\_\_\_

\_\_\_\_\_ I give permission for \_\_\_\_\_ sunscreen to be applied  
(Name of Sunscreen)

I understand that I am responsible for applying my child's sunscreen each morning and the teachers will reapply it during the day before the children go outside. Parent's Initials: \_\_\_\_\_

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Diaper Ointment:

I give permission for the staff of Christ Church Camps apply the following over the counter diaper ointment product to my child.

Date: \_\_\_\_\_

Duration of request/permission: \_\_\_\_\_

\_\_\_\_\_ I give permission for \_\_\_\_\_ to be applied to my child's  
diaper area. (Name of Diaper Ointment)

I understand that I am responsible for applying my child's diaper ointment each morning and the teachers will reapply it during the day as directed above. Parent's Initials: \_\_\_\_\_

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Insect Repellent:

I give permission for the staff of Christ Church Camps to apply the following over the counter insect repellent product to my child.

Date: \_\_\_\_\_

Duration of request/permission: \_\_\_\_\_

\_\_\_\_\_ I give permission for \_\_\_\_\_ to be applied to my child.  
(Name of insect repellent)

I understand that I am responsible for applying my child's insect repellent each morning and the teachers will reapply it during the day as directed above. Parent's Initials: \_\_\_\_\_