

TOPICAL PREPARATIONS (PREVENTATIVE PERMISSION FORM)

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission

Child's Name: _____ Parent/Guardian's Name: _____

I understand that I must provide the topical preparation in the original container labeled with my child's name and that no topical preparations will be applied to broken skin or if a skin reaction has been observed. It is my responsibility to check the ingredients to make sure my child is not allergic to it. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

If I do not consent to any of the topical treatments identified below, I do not hold CCYC responsible for my decision in the event my child is sunburned/bitten as a result. I understand that I should provide protective clothing including hat, lightweight long sleeve shirt and pants instead to protect my child from sun exposure and insects during outdoor activities.

Parent/Guardian Signature: _____ Date: _____

SUNSCREEN

I give my permission for the staff at Colorado Christian Youth Camp to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum 15 SPF, labeled with my child's name.

- In the event that my child does not have sunscreen with them, the camp may apply Equate Sport Broad Spectrum Sunscreen Lotion, SPF 50 to my child.
- My child may NOT use any sunscreen other than the one that s/he brings.

Parent/Guardian Signature: _____ Date: _____

INSECT REPELLENT

I give my permission for the staff at Colorado Christian Youth Camp to assist with applying or apply insect repellent to my child before outdoor activities. It is my responsibility to provide insect repellent, labeled with my child's name.

Name of product: _____

Special instructions: _____

- My child may NOT use any other insect repellent than the one s/he brings.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM/VASELINE

I give my permission for the staff at Colorado Christian Youth Camp to assist with applying or apply skin lotion/cream to my child.

Name of product: _____

Special instructions: _____

- My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

Parent/Guardian Signature: _____ Date: _____