



MSX Camp

Sunscreen Permission Slip

Date: _____

Name of Child: _____

Address: _____

In situations where the approved solution that I have provided is not readily accessible, I authorize the MSX Camp Staff to use camp provided solution(s) on my child:

Yes

No

Sunscreen:

Yes

No

(to be provided in spray or stick form)

Any allergies & reactions to Sunscreens? Please provide details.

Reminder: All unused solutions that are not picked up within one week prior to your camper's departure from the program will be thrown away. Any non-routine medications such as non-topical over the counter and prescriptions must include a Doctor Prescriber form at the discretion of the camp directors.