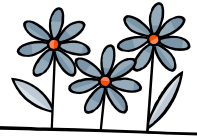




Summer Sisters Girls Camp



Cecil Dancer Center

25 Flint Drive, North East MD 21901

(410) 287-3546

SUNSCREEN PERMISSION FORM:

In accordance with the issuance of the June 10, 2011 Interpretive Memorandum from Maryland Department of Health and Mental Hygiene (DHMH) regarding the application of sunscreen to youth campers, please read and complete the form below allowing staff to apply sunscreen to your child. We also were directed to develop a policy regarding this issue which has been outlined here as well; please initial where indicated. If you have any questions, please contact the office.

Camp Policy Addendum Regarding Sunscreen Application (as required by COMAR 10.16.06.33):

B. Camper Medication Administration

In order to comply with COMAR 10.16.06.33 camp staff must:

- I. Have parental or legal guardian permission to apply sunscreen to campers. Permission forms will be kept on file to this effect and will indicate the camper's name, parent/guardian names, date signed, brand of sunscreen used and whether or not permission is granted to aid the camper in application of sunscreen.
- II. Use sunscreen only provided by the parent/guardian and not by the camp.
- III. Keep a log of all sunscreens indicating camper name, brand, SPF, expiration date and final disposition of sunscreen as well as labeling the sunscreen bottle with camper's name in indelible marker.
- IV. Limit the application of sunscreen to the areas of skin that are exposed. Campers will be encouraged to apply their own sunscreen; however, camp staff will be proactive in the aiding of the face and backs of campers.
- V. Follow directions printed on the container for reapplication.
- VI. Under no circumstances allow campers to help each other apply sunscreen.
- VII. Encourage the parents to apply a layer of sunscreen before their child attends camp for the day and stress the importance of this self help skill.

Detach Here and Return

Cecil Dancer Center Summer Girls Camp Sunscreen Authorization Form

Camper's Name

Parent/Guardian Signature

Date

Brand of Sunscreen Used

Sunscreen SPF

Expiration Date

(must indicate a SPECIFIC brand)

_____ I give permission to Cecil Dancer Center Camp staff to aid my child in the application of the sunscreen we have provided while participating in their youth camp program. I also acknowledge that the Cecil Dancer Center Summer Girls camp encourages parents to apply sunscreen at home prior to dropping off children to camp each day.

_____ I have read, understand and agree to follow the Cecil Dancer Center Summer Girls Camp's policy on the application of sunscreen as outlined above.