



Sunscreen and Insect Repellent Authorization Form

Child's

Name: _____

Date of Birth/Age: _____

Spring Start Date: April 3, 2017

Summer Start Date: June 12, 2017

Stop Date: (Note: Authorization can only be valid for 6 months!): _____

Times to be applied: Prior to sun exposure

Storage: Room temperature

Special Instructions (including previous sunscreen reactions):

Please indicate choices below:

Sunscreen Brought from Home (Please follow instructions below)

Please place this completed form in a resealable Ziploc bag with sunscreen and insect repellent from home. Please label both the bag and the contents with your child's name. The bag will remain at room temperature at camp and will be returned at the end of the week.

Name of Sunscreen & SPF: _____

PNA Sunscreen – Banana Boat Continuous Spray/Broad Spectrum SPF 50

Note: Westminster School will keep an emergency supply of Banana Boat Continuous Spray/Broad Spectrum SPF 50 on hand for use if a child with sunscreen authorization runs out of sunscreen during the camp day. Name of Sunscreen & SPF: Banana Boat Continuous Spray/Broad Spectrum SPF 50

Active Ingredients: (Continuous Spray): Avobenzone 3.0%, Homosalate 15.0%, Octisalate 5.0%, Octocrylene 2.40%, Octinoxate

7.5% (Broad Spectrum) Homosalate 15.0%, Octisalate 5.0%, Titanium Dioxide 2.40%, Octinoxate 7.5%

Insect Repellent Brought from Home (Please follow instructions below)

Please place this completed form in a resealable Ziploc bag with sunscreen and insect repellent from home. Please label both the bag and the contents with your child's name. The bag will remain at room temperature at camp and will be returned at the end of the week.

Name of Repellent: _____

I authorize the use of the above indicated sunscreen on my child.

Parent/Guardian 1 : _____ Date: _____

Parent/Guardian 2 : _____ Date: _____

Experience ~ Explore ~ Create

Experience ~ Explore ~ Create