



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Thundermoon

New Britain-Berlin YMCA

Sunscreen & Bug Repellant Application Authorization

(Recommended for campers in Grade 5 and below)

I hereby request that the following topical product(s) be applied to my child by the First Aid Director or Unit Director(s) of YMCA Camp Thundermoon. I understand that I must supply the product in the original container, labeled with the child's name.

Camper's Name: _____ **DOB:** _____

Address: _____

This authorization applies to the following product(s), which should be applied on the schedule indicated below:

Sunscreen:

Name of Product: _____

Please apply at this time of day: _____

Bug Repellant (optional):

Name of Product: _____

Please apply at this time of day: _____

I have applied the product(s) listed above at least once without adverse side effects to my child.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Phone #: _____