

## SUNSCREEN/INSECT REPELLENT RELEASE AND MEDICATION PERMISSION FORM

CHILD'S NAME:	AGE:
PERMISSION TO ADMINISTER SUNSCREEN/INSECT REPELLENT	
apply the first coat of sunscreen and insect repellent in the stop activities for all children to reapply sunscreen and insec	r YMCA Day Camp staff to apply sunscreen and insect repellent
Please list any allergies to sunscreen/insect repellent:	ie sunscreen and insect repellent indicated below.
The YMCA may apply any type/brand of sunscreen/inself no, please list any type(s)/brand(s) of sunscreen/inself	
	imum of 80% of their time outside and that the use of sunscreen the protection against harmful sunrays. Likewise, the use of twill aid in the protection against insect bites and stings.
I hereby give permission to the YMCA to apply the sunscreen/insect repellent listed above to my child during my child's participation in Summer Day Camp.	
Parent/guardian signature:	Date:
PERMISSION TO ADMINISTER MEDICAT	ION
Name of medication:	
Prescribed by:	Phone:
Administration directions and dosage:	
Time to be administered:	
Visible side effects to watch for:	
Visible side effects to watch for:  Proper care of medication: Refrigerate	Room temperature Other
Visible side effects to watch for:  Proper care of medication:  Refrigerate  I hereby give permission to a staff member of the Y	Room temperature Other  MCA Day Camp to administer the medication described
Visible side effects to watch for:  Proper care of medication: Refrigerate	Room temperature Other  MCA Day Camp to administer the medication described