



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 #:** \_\_\_\_\_