



**SUNSCREEN AND INSECT REPELLENT AUTHORIZATION FORM**

Child's name : \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The Maryland Department of Health and Mental Hygiene (MDHMH) encourages the appropriate use of sunscreen and insect repellent during summer activities.

- Sunscreen and insect repellent must be provided by the parent guardian
- Sunscreen and insect repellent must be in their original containers
- The Camper's name must be clearly marked on the sunscreen and insect repellent containers.

**I hereby give permission for my child to use sunscreen and insect repellent during the camp day. I will provide sunscreen and insect repellent in their original containers with my child's name clearly written on the packages. I have listed below acceptable sunscreen and insect repellent brands:**

Sunscreen brand(s): \_\_\_\_\_

Insect Repellent brand(s): \_\_\_\_\_

Please check one option:

☐ I authorize My French Classes staff to assist my child in applying sunscreen and insect repellent.

☐ I DO NOT authorize My French Classes staff to assist my child in applying sunscreen and insect repellent.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_