

**PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION TOPICAL MEDICATIONS BY CAMP NURSE**

I request that the following non-prescription topical medications be administered to my child by the camp nurse. I understand that I am responsible for supplying the camp with the non-prescription topical medication in the original container and clearly labeled with my child's name.

1. Non-prescription sunscreen that is PABA free
2. Non-prescription insect repellants

Name of child _____ D.O.B. _____

Phone # _____

Dates which medication shall be administered (Date): _____ TO _____

- I have administered at least one dose of sunscreen to my child without side effects.
- I will administer one dose of sunscreen each morning before sending my child to camp.

Name of Parent/Guardian _____ Date _____

Signature _____ Relationship to Child _____