

**basicREC / CAMP basicREC  
Consent to apply SPRAY SUN BLOCK**

CAMP SITE: \_\_\_\_\_

Though siblings may share their sun block it's one form per camper.  
**ONLY SPRAY SUN BLOCK IS PERMITTED AT CAMP BASICREC**

Child's Name	Date of Birth	Know Allergies
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Name of SPRAY (only) SUN BLOCK
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I understand that SUN BLOCK will be re applied at approximately NOON and 2 p.m. when at the pool and as needed while at site.  If applicable, please provide special Instructions:
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If applicable, identify the possible symptoms that will necessitate applying SUN BLOCK other than noted above:
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If applicable, please list possible side effects to SUN BLOCK:
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What action should FCPRD staff take should there be side effects: Contact Parent/Guardian at: _____ Other: _____
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I authorize FCPRD staff to apply the above SPRAY SUN BLOCK to my child as indicated. As long as I continue to use the same name brand of SUN BLOCK I understand this form will be in effect from the date FCPRD staff has received until the program has ended. In the event any of the above information changes a new form will need to be filled out.

Signature	Date
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