

SOUTH BARRINGTON PARK DISTRICT

INSECT REPELLANT
&
SUN SCREEN
PERMISSION FORM

I give permission for a South Barrington Park District Youth Camp Staff Member to apply sun screen and/or insect repellent to my child:

_____.
(child's name)

I have supplied the following items to be applied to my child:

Insect Repellent Brand: _____

Sun Screen Brand: _____

I understand that, by signing this form, no one will be held responsible if my child gets sunburn. Sunscreen will only help protect my child.

Parent/Guardian Signature:

Date: _____

Camp Session: I II III IV V