



B”H

Camp Gan Israel Fresno Day Camp Sunscreen Utilization Permission Form

Name of Child: _____ Date: ___/___/___

As the parent or guardian of the above child, I give permission for staff at Camp Gan Israel Fresno Day Camp to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of June and July and between the daily times of 9:00 am to 3:00 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

___ The staff of Camp Gan Israel Fresno Day Camp may use the sunscreen of their choice (sunscreen must be provided), in keeping with applicable state standards, except for the following (if specified):

_____.

___ Only use the following type(s)/SPF of sunscreen: (please provide) _____

_____.

___ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body _____

_____.

Parent's full name (print): _____

Parent's signature: _____