



Evergreen Montessori

EVERGREEN SCHOOL SUMMER CAMP 2012 SUNSCREEN AUTHORIZATION FORM

Date: _____

Camper's Name: _____

Brand of Sunscreen: _____

Type of Sunscreen (lotion or spray): _____

Parent/Guardian Options (please check only one):

I WILL allow Evergreen camp counselors of the same sex to help my child apply sunscreen/lotion. _____ (Initials)

I WILL NOT allow Evergreen camp counselors of the same sex to help my child apply sunscreen/lotion. _____ (Initials)

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Daytime Telephone Number: _____