

## Sun Screen Permission

Sunscreen is considered a toxic over the counter medication; Therefore, it may not be accessible to children unless under the direct supervision of staff. (**NO SUNSCREEN IN BACK PACKS**) Calvary Care Early Learning Center Summer Camp will provide sunscreen to be applied while at camp. All sunscreen will be stored in locked container. **Children should come to camp with their 1<sup>st</sup> application of sunscreen pre-applied at home.**

I give my child \_\_\_\_\_ permission to have a staff member help in applying spray on sunscreen throughout the day while at camp.

\_\_\_\_\_ (initial) I understand that Summer Camp will provide a 30 SPF (or higher) spray on sunscreen

\_\_\_\_\_ (initial) I understand that I am strongly encouraged to provide hats and cover ups, that children should come to camp with their 1<sup>st</sup> application of sunscreen pre-applied at home, and that Summer Camp will not be held responsible for sunburns.

\_\_\_\_\_ (initial) I do not know of any allergies my child has to sunscreen.

**\*\*Parents may provide personal sunscreen ONLY if medically necessary and a medical log slip MUST be completed by the parents.\*\***

For Medical or other reasons, please do not apply sunscreen to the following areas of my child: \_\_\_\_\_

## Bee Sting Wipe Permission

Bee Sting Wipes are considered a toxic over the counter medication. The staff at summer camp keep them in a secured area that not accessible to students.

\_\_\_\_\_ (initial) I give permission to staff to use a "bee sting medical wipe" in the event my child is stung.

\_\_\_\_\_ (initial) I DO NOT know of any allergies my child has to Bee stings and/or the "bee sting medical wipe"

\_\_\_\_\_ (initial **OR** mark N/A if Nonapplicable) **MY CHILD IS ALLERGIC TO BEE STINGS** and we have Epinephrine to be used. A medical log slip MUST be completed by the parents.

## School Age Summer Camp ONLY – Pool / Swimming Permission

I give my child \_\_\_\_\_ permission to be transported by bus to the Ken Grill Pool on designated pool days determined by the Calvary Care Summer Camp.

\_\_\_\_\_ (initial) I give permission for my child to wade in the 3-foot-deep area of the pool and use the small slide.

\_\_\_\_\_ (initial **OR** mark N/A in Nonapplicable) I give permission for my child to take the swim test in order to allow them access to pool areas deeper than the 3-foot-deep area.

\_\_\_\_\_ (initial **OR** mark N/A in Nonapplicable) I give permission for my child to use the deep end of the pool and diving areas, after they have successfully passed the swim test determined by the Calvary Care and/or Ken Grill life guard on duty.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*This form is to be signed at Calvary Care Early Learning Center at time of registration payment.**