



Permission to Apply Sunscreen Waiver Form

Name of Child _____

The Knox School Summer Adventures requests that sunscreen be applied to your child prior to them attending camp for the day.

As the parent or legal guardian of the above name child, I hereby give my permission of the Directors/camp counselors at **The Knox School Summer Adventures** to apply sunscreen provided by the parent/legal guardian to my child between the times of 830AM and 330PM. I understand that sunscreen may be applied to exposed skin, including by not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

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

The Directors/camp counselors of **The Knox School Summer Adventures** may use the sunscreen provided by parent/guardian according to the package directions.

For medical or other reasons, please don't apply sunscreen.

Parent/Guardian Full Name (Print) _____

Parent/Guardian Signature _____