

MARYLAND 4-H CAMPS Sunscreen Authorization Form

Dear Parents:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen at youth camps. In order to operate a camp in the state of Maryland, we must abide by the policy as outlined below.

Please read the following regarding use and application of sunscreen at Maryland 4-H Camps. The authorization statement must be completed and submitted along with sunscreen labeled for your camper (one form and bottle per camper) on the first day of camp, at the start of each subsequent week, if the brand of sunscreen changes, or if a new bottle is supplied at any time.

Please address guestions about this policy to your Camp Coordinator.

MARYLAND 4-H CAMPS SUNSCREEN POLICY

- 1. Each Camper's parent/quardian must provide written permission for use and application of sunscreen on their child.
- 2. Sunscreen containers must be clearly labeled with the Camper's name and must be provided to Camp Staff at camp check-in. This signed authorization form must submitted along with the sunscreen.
- 3. Campers should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by Camp Staff ONLY if specifically authorized (see below).
- 4. For Day Camps, Campers need to have sunscreen applied to them by the parent/guardian BEFORE arriving at camp, not when dropping off.

MARYLAND 4-H CAMPS SUNSCREEN AUTHORIZATION

(Complete and sign appropriate block below)

Camper's Name:		Camper's Age:
Brand of Sunscreen:	SPF:	Expiration Date:

I give permission for members of the Maryland 4-H Camp Staff to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so.

In the event my child does not bring sunscreen to camp and conditions warrant its use, by my signature below I authorize members of the Maryland 4-H Camp Staff to use camp supplies of sunscreen, and to apply this sunscreen to my child's body as described above.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

OR

I DO NOT give permission for Maryland 4-H Camp Staff Members to assist in applying sunscreen to my child.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

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