



Holton-Arms School

7303 River Road

Bethesda MD 20817

creative.summer@holton-arms.edu  
www.holtoncreativesummer.org  
301-365-6003 fax 301-365-6087

**SUNSCREEN AUTHORIZATION FORM - COPY #1 - SUBMIT TO CS OFFICE**

Child's Name \_\_\_\_\_  Male  Female DOB (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The Maryland Department of Health (MDH) encourages the appropriate use of sunscreen during summer activities. Sunscreen is not considered a medication requiring a prescriptive order; parental authorization is sufficient.

- Sunscreen must be provided by the parent/guardian in its original container.
- The Camper's name must be clearly marked on the sunscreen container.
- Parents are encouraged to apply sunscreen to their children before they arrive at camp for the day.

**I hereby give permission for my child to use sunscreen during the camp day.** I will provide sunscreen in its original container with my child's name clearly written on the package. Acceptable sunscreen brand(s) are (check one option):

- ALL BRANDS of Sunscreen are acceptable.
- Only brand(s) listed: \_\_\_\_\_

Assistance in applying sunscreen - please check one option:

- YES, I authorize Creative Summer counselors to assist my child in applying sunscreen.
- No, I DO NOT AUTHORIZE Creative Summer counselors to assist my child in applying sunscreen.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**SUNSCREEN AUTHORIZATION FORM - COPY #2 - KEEP WITH SUNSCREEN**

Child's Name \_\_\_\_\_  Male  Female DOB (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The Maryland Department of Health (MDH) encourages the appropriate use of sunscreen during summer activities. Sunscreen is not considered a medication requiring a prescriptive order; parental authorization is sufficient.

- Sunscreen must be provided by the parent/guardian in its original container.
- The Camper's name must be clearly marked on the sunscreen container.
- Parents are encouraged to apply sunscreen to their children before they arrive at camp for the day.

**I hereby give permission for my child to use sunscreen during the camp day.** I will provide sunscreen in its original container with my child's name clearly written on the package. Acceptable sunscreen brand(s) are (check one option):

- ALL BRANDS of Sunscreen are acceptable.
- Only brand(s) listed: \_\_\_\_\_

Assistance in applying sunscreen - please check one option:

- YES, I authorize Creative Summer counselors to assist my child in applying sunscreen.
- No, I DO NOT AUTHORIZE Creative Summer counselors to assist my child in applying sunscreen.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_