

Sunscreen Authorization Form

Program-Provided/Bulk Sunscreen (Sunscreen provided by Kinap)

Name of child:	
Date of Birth & Age:	Daytime Phone:

As the parent/guardian of the above child, I give permission for the staff of Kinap Athletic Club to apply the "program-provided" sunscreen on my child.

I have checked and initialed below **all** applicable information regarding Kinap's choice in brand/type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen
- My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen: _____
- I have provided the following brand/type of sunscreen for use for my child:

- Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- For medical or other reasons, please do NOT have sunscreen applied to the following areas of my child's body:

- Special Instructions: _____

Recommended Items to bring to Kinap to help protect your child from the sun:

- Wide Brimmed Hat and Sunglasses
- Extra Pair of Dry clothing after playing in water (Wet clothing can lose up to half of its UV protection)
- Large T-Shirts are good for covering most of their skin
- Sunscreen Lip Balm

Note: Do not rely on sunscreen alone to protect children from the sun.

As recommended by the Canadian Cancer Society (2007), we will attempt to apply sunscreen to all registered day campers every 2 hours and use a minimum SPF 30 sunscreen.

Having read the above information I hereby do not hold Kinap Athletic Club staff members responsible for extreme sun exposure to my son or daughter. I have reviewed this with my child(ren) so that they understand that they are ultimately responsible for safety in the sun.

Parent/Guardian Signature

Date