



**Sunscreen/Bug Spray Application Waiver**

Child's Name: \_\_\_\_\_

Name of Sunscreen provided and SPF #: \_\_\_\_\_

Name of Bug Spray: \_\_\_\_\_

I give permission for the Gymco staff to assist in applying sunscreen or bug spray to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity. Sunscreen will NOT be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

I understand that sunscreen/bug spray (as needed) will be applied to my child before outdoor activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Printed Name

Date

**Special Instructions:**

\_\_\_\_\_ I DO NOT want my child to use any sunscreen other than the one that she/he brings.

\_\_\_\_\_ In the event that my child's sunscreen/bug spray is not readily available, my child may use the sunscreen/bug spray provided by Gymco.

\_\_\_\_\_

Parent/Guardian Initial