

**Parent Authorization for Administration of Non-Prescription Bug Repellent and Sunscreen**

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

**BUG REPELLENT ADMINISTRATION**

- I give the employees of Highfield Camp permission to assist my child in applying Off bug repellent to my child in accordance with the instructions of the manufacturer's recommendations to prevent against mosquitoes and ticks.

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



- I do not wish for my child receive bug repellent

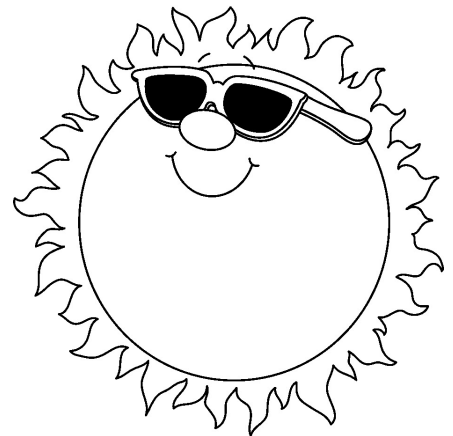
**SUNSCREEN ADMINISTRATION**

- I give the employees of Highfield Camp permission to apply the sunscreen I have provided.

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- I do not wish for my child to receive sunscreen.



Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---