



Sanford Camps

Hockessin, DE 19707

Camp: 302-239-0744 Office: 610-565-4850

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PLEASE RETURN THIS FORM THE 1st DAY OF CAMP TO YOUR COUNSELOR

SUNSCREEN AUTHORIZATION

I (parent/guardian) _____, do hereby authorize the staff at **Sanford Day Camp and Sanford Sports/Specialty Camp** to topically apply to my child (name) _____, the sunscreen identified below which I have provided and labeled with my child's name. I will hold **Sanford Day Camp** and its staff harmless in the event of any adverse reaction resulting from the application of this cream.

BRAND NAME OF SUNSCREEN: _____

(Please apply sunscreen before coming to Sanford Day Camp to assure effectiveness; we will re-apply after.)



6900 E Lancaster Pike, Hockessin, DE 19707
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