

## SUNSCREEN / BUG SPRAY POLICY

*A separate form is needed for each student attending.*

STUDENTS FULL NAME: \_\_\_\_\_

*Unity Church of Christianity follows the recommendations put out by the State of Texas, the American Academy of Pediatrics and the American Cancer Society. Sunscreen and bug spray are considered to be over-the-counter topical medications and may not be safe for every student. In recognizing this, the church has instituted the following policies:*

- Parents must give written permission for sunscreen &/or bug spray to be applied to exposed areas of the skin on their student. Sunscreen/bug spray will not be applied to students who do not have written permission on file.
  - Sunscreen/bug sprays will be applied by the church staff and representatives before going outdoors but must be supplied by the parents.
  - Containers must be placed in a zip lock bag with your student's name on both the container and the zip lock bag.
  - All sunscreen/ bug sprays will be applied to exposed areas of the skin as needed for each individual student. Students may not share these items with one another.
  - We recommend that the parent apply these items EACH morning prior to coming to camp.
  - Sunscreen of at least SPF 15 or higher (PABA free) is recommended.
- I give my permission for** the staff &/or the representatives of Unity Church of Christianity to apply sunscreen (initial) \_\_\_\_\_ and bug spray (initial) \_\_\_\_\_ to my student.
- Please do not apply sunscreen to my student.** As the parent/guardian, I recognize that sunburns pose a risk of skin damage and skin cancer. I understand that my student will be taken outside on a daily basis (weather permitting).
- Please do not apply bug spray to my student.** As the parent/guardian, I recognize that there are potential illnesses that can arise out of bug bites. I understand that my student will be outside on a regular/daily basis and may be exposed to outside insects.

This permission slip will be in effect until spirit camp concludes or I have submitted a written request that sunscreen or bug sprays no longer be applied to my student.

Parent/Guardian's name (please print): \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_