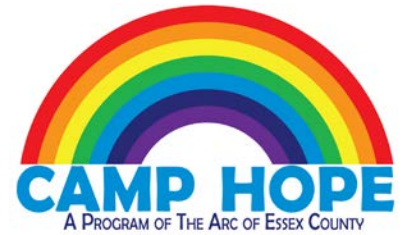




*Achieve with us.*



**The Arc of Essex County's Camp Hope Program  
Authorization to Apply Sunscreen  
(Required for Attendance)**

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I hereby authorize The Arc of Essex County's Camp Hope staff to administer the following sunscreen to the camper listed above:

TYPE OF SUNSCREEN	ADMINISTRATION TIME	PHYSICIAN'S INSTRUCTIONS (IF ANY)
1.	AFTER DAILY SWIM TIME	
2.	AFTER DAILY SWIM TIME	

This authorization covers the period in which the Camp Hope staff is providing care to the camper.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**OR**

Please **DO NOT** administer any sunscreen to the camper listed above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date