

SOMERSET COUNTY PARK COMMISSION

2010 SUNSCREEN AND/OR BUG SPRAY USE FORM

Parents wishing their child to use sunscreen and/or bug spray must fill out the form below. All sunscreen and/or bug sprays must be clearly marked with the child's name and cannot be shared with other campers.

PLEASE PRINT:

Child's Name:

Brand Name
Of Sunscreen:

Brand Name
Of Bug Spray:

Any Special
Directions for
Application:



I do not wish to have the camp nurse apply sunscreen or bug spray on my child while he/she is at camp.

Parent/Guardian Signature: _____

Date: _____