

# Topical Skin Products Authorization

I give **SRC Summer Youth Recreation Program** Staff permission to use the following topical products on my child when necessary and as prescribed by the manufacturer on the product label.

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Hydrating Lotion

\_\_\_\_\_ Bug Repellent

Child \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_  
Parent Signature DATE

\_\_\_\_\_  
STAFF SIGNATURE DATE