TOPICAL PRODUCTS NON-PARTICIPATION FORM

(circle one) Pre-Camp Camper Name(s):	Wk1 Wk2 Wk3 Wk4 Wk	x5 Wk6 Weeks 1 - 6
As the parent or legal guardian o	f the above named child. I do not give r	my permission to the Southbury Parks and
	 -	, lotion, bug spray, aloe and/or itch cream).
		ne "camp purchased" products in the event
that my child forgets to bring the	irs to camp. I am also aware that the So	outhbury Parks and Recreation (SPR) staff
will cross reference the ingredier	its in the products to my child's allergy	form.
Our camp will have the supplies	listed below, at camp to keep campers	comfortable during the day at camp. Our
products will only be used in the	event a camper forgets to bring some to	camp. Parents/Guardians should still plan
to pack their child's own product	s daily.	
The following SPR products	s <u>may not be</u> applied to my child b	by the SPR Staff:
• Sunscreen	Bug spray	 Anti-itch cream
• Lotion	• Aloe	
Parent/Guardian Name (prin	t):	
Signature:		
Date:		
Received by (SPR Staff Mer	mber Name- print):	