



NON-PARTICIPATION TOPICAL PRODUCTS FORM

This form should be filled out only if YOU DO NOT WANT your child to use the products available at our camp

Please Circle: Week 1 Week 2 Week 3 Week 4 Week 5
Week 6 Week 7 Week 8 Weeks 1 – 8 Other: _____

Camper's Name: _____

As the parent or legal guardian of the above named child, I **do not** give my permission to the Southbury Parks and Recreation (SPR) staff to apply the following topical products (sunscreen, lotion, bug spray, aloe and/or itch cream). I am aware that the Southbury Parks and Recreation staff will only use the “camp purchased” products in the event that my child forgets to bring theirs to camp. I am also aware that the Southbury Parks and Recreation (SPR) staff will cross reference the ingredients 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 their own to camp. Parents/Guardians should still plan to pack their child’s own products daily.

Circle the following SPR products that **may not be** applied to my child by the SPR Staff:

- Sunscreen
- Lotion
- Bug spray
- Aloe
- Anti-itch cream

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

Received by Parks & Recreation Staff: _____ **Date:** _____