



## Authorization for Application of Sunscreen/Topical Cream

I understand I am responsible for applying sunscreen before or upon my child's arrival at Camp JCC. I give my consent for Camp JCC staff to reapply the sunscreen should it be needed. I understand the sunscreen will be SPF 30 or higher, and labeled "multi-spectrum", "broad spectrum", or UVA/UVB protection. Should my child have allergies, or other skin sensitivities, I will be responsible to provide the appropriate sunscreen labeled for my child.

This consent form is submitted to Camp JCC along with the sunscreen/topical cream noted below.

It is labeled clearly with my/our child's name.

I/We hereby give our consent for

---

Name of sunscreen/topical cream to be used when needed for my/our child

---

Child's Name - Please PRINT

---

**Child's Unit**

---

Parent Name - Please PRINT

---

Parent Signature

Date:

JCC: 702 N. 22<sup>nd</sup> Street  
Allentown, PA 18104  
610.435.3571

Camp: 5831 Vera Cruz Road  
Center Valley, PA 18034  
610.967.4750

[www.allentownjcc.org](http://www.allentownjcc.org)