



MERIDEN YMCA  
**MOUNTAIN MIST OUTDOOR CENTER**  
**DAY CAMP**

# TOPICAL OINTMENT APPLICATION AUTHORIZATION

I hereby request that the following topical product(s) be applied to my camper by a staff member of Mountain Mist Day Camp. I understand that I must supply the product in the original container labeled with the camper's name.

This authorization applies to the following product(s), which should be applied on the schedule indicated below:

Sunscreen Name: \_\_\_\_\_

Please apply at this time of day: \_\_\_\_\_

Insect Repellant Name: \_\_\_\_\_

Please apply at this time of day: \_\_\_\_\_

I have applied this product at least once without adverse side effects to my child.

Sunscreen lotions and insect repellants will not be provided by Mountain Mist Day Camp and must be provided by the parent/guardian.

If your child sustains a minor injury during the camp day (i.e. small cut, scrape, insect stings, etc.) you must sign the form below in order for the Mountain Mist Day Camp Staff to apply over-the-counter topical ointments such as Bacitracin, Calamine Lotion, etc. These topical ointments will be provided by Mountain Mist Day Camp.

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Number: \_\_\_\_\_