



Permission to Apply Topical Preparations Waiver Form

Name of Child: _____

Camp Session & Dates: _____

As the parent or legal guardian of the above named child, I hereby give my permission to the Director(s) and staff at **Glacier View Ranch** to apply a bug spray product to my child, as specified below, when he/she will be engaging in outdoor activities between the times of 10:00 AM and 8:00 PM. I understand that the topical bug spray may be applied to exposed skin, including but not limited to the face, neck, bare shoulders, arms and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of the bug spray:

_____ The Director(s) and staff of Glacier View Ranch may use the topical preparation (bug spray) *of their choice* according to package directions.

_____ Only use the following type(s) of bug spray (parent must provide):

_____ For medical or other reasons, please don't apply topical preparations (bug spray) to the following areas of my child's body:

I _____ (PRINT Parent or Legal Guardian Name) hereby give my permission to the Director(s) and staff at **Glacier View Ranch** to apply the following topical preparations according to packaging directions to my child (list authorized topical preparations here... vaseline, aloe vera, etc.): _____

Parent/Guardian Full Name (PRINT) _____

Parent/Guardian Signature _____ Date _____