



VILLAGE OF BROOKLYN HEIGHTS  
**2021 Art in the Park Program**  
 MEDICAL / ALLERGY / SUNSCREEN & INSECT REPELLENT INFO

**Sunscreen / Insect Repellent**

As parent or guardian of \_\_\_\_\_, I hereby consent for medically untrained program personnel of the Village of Brooklyn Heights to administer the following items that I provide:

\_\_\_\_\_ Sunscreen/Sunblock - Brand Name \_\_\_\_\_

\_\_\_\_\_ Insect Repellent - Brand Name \_\_\_\_\_

Possible side effects to watch for: \_\_\_\_\_

I understand and agree to the following provisions:

- I am responsible for providing the above listed product and that such product shall be in its original container clearly labeled with my child’s name and the product shall be applied as per the instructions on the printed label and that these instructions must be clearly visible on the product.
- Program personnel are not obligated to administer the product, or any medications, to my child and therefore I agree to hold the Village of Brooklyn Heights and it’s personnel, free from any and all responsibility for the results of the product or the manner in which it is administered.
- I am responsible to notify the program coordinator, in writing, of any changes to this authorization agreement.

In the event that I have forgotten to provide my own sunscreen or insect repellent, and it is deemed necessary by the staff to have such product administered:

\_\_\_\_\_ I would like to have the staff call me at home or work so I can drop off the specific type of product I would like to be administered to my child.

\_\_\_\_\_ I consent to have the staff administer the Sunscreen/Insect Repellent provided by the camp for situations such as this.

**Allergy Information**

Allergies: Include medication, food and others (insect stings, hay fever, asthma, animal dander, etc.) List all known. Describe reaction and management of the reaction. \_\_\_\_\_

\_\_\_\_\_

Does your child carry an Epi E-Z Pen? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Other Information**

Please explain any special needs your child may have that would be important in the care of your child:

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_