



# SUNSCREEN AUTHORIZATION FORM

**CONFIDENTIAL**

To be filled out by Parent or Guardian

HH #: \_\_\_\_\_

The City of Bloomington recognizes the importance of protecting skin from harmful UVB and UVA sun rays. However, due to the nature of the ingredients in sunscreen and the application process, it must be treated in the same respect as medication. Participants are responsible for providing their own sunscreen in the original container.

The City of Bloomington, Parks and Recreation intends to use the requested information to provide for your child's health and safety while at programming. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health plan for your child. The information you provide will be shared only with staff in the program whose jobs require access to this information to ensure your child's safety.

**Effective Year:** \_\_\_\_\_

<b>PARTICIPANT</b>	<b>FIRST NAME:</b> _____	<b>LAST NAME:</b> _____
	<b>BIRTH DATE:</b> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>HOME PHONE:</b> _____	<b>CELL #:</b> _____

<b>SUNSCREEN INFORMATION</b>	<b>Type of Sunscreen:</b> _____	Authorize application during program? Y / N
	Any side effects or allergies of this sunscreen or similar product: _____	
	Unusual side effects that may require action: _____	
	Method of Application: _____	Frequency: _____
	Additional instructions for use: _____	
	Parks and Recreation Staff will use best efforts to apply sunscreen; however, we are not responsible if application is not completed.	

**RETURN TO:** City of Bloomington, Parks & Recreation,  
1800 W. Old Shakopee Rd, Bloomington, MN 55431

The Data Practices Act requires that we inform you or your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. This information can be shared with the Bloomington Parks and Recreation staff. You can withhold this data, but you may not receive updated program information and/or accommodations. Your signature on this form indicates you understand these rights.

**Signature of legal guardian REQUIRED**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By signing, I authorize City of Bloomington staff to apply sunscreen to the participant indicated on this form. On behalf of the participant and myself, I release and discharge the City, their agents or employees from any such claims, injuries, or damages that may result from exposure to the sun, application of the sunscreen product, or ineffective sunscreen product.

<b>OFFICE ONLY:</b>	Received on _____ (date) by _____ (Staff)
	RecTrac updated? Y / N      Plan Created? Y / N
	Parent/Guardian contacted? Y / N      P/G contacted on _____ (date)

<b>Community Services Department</b>	Parks and Recreation Division	PH 952-563-8877	parcsrec@bloomingtonmn.gov
	1800 W. Old Shakopee Road	FAX 952-563-8715	BloomingtonMN.gov
	Bloomington, MN 55431-3027	TTY 952-563-8740	

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. Upon request, this information can be available in Braille, large print, audio tape and/or computer disk.