



# TOWN OF LINCOLN

Middlesex County...Massachusetts

PARKS & RECREATION DEPARTMENT  
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## Lincoln Summer Day Camp SUNSCREEN / BUG SPRAY PERMISSION

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (Fall 2016): \_\_\_\_\_

Please send your child to camp with sunscreen already applied.

We are happy to assist your child with sunscreen and/or bug spray throughout the day; however, it is necessary for you to send sunscreen and/or bug spray and the attached permission form authorizing such assistance.

I, \_\_\_\_\_ give permission for the Lincoln Summer Camp staff to apply  
sunscreen and/or bug spray for my child, as needed throughout the camp day.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT GUARDIAN NAME (PLEASE PRINT)