



Scout Information	
First Name:	Last Name:
Unit #:	Camp Attending:
Dates of Session:	

Emergency Contact Information		
Parent/Guardian		
First Name:	Last Name:	
Home Phone #:	Cell Phone #:	
Home Address:		
City:	State:	Zip Code:
Name of Employer:	Work Phone #:	

Sunscreen Permission	
<p>I authorize Rocky Mountain Council camp health officer to provide assistance in applying sunscreen to my Scout if they need assistance applying their sunscreen, if needed.</p> <p>If my child does not have sunscreen, I authorize Rocky Mountain Council camp health officer to provide the available sunscreen at the health lodge that will be grade 30 SPF or higher if my Scout requests sunscreen.</p> <p>If my child brings their own sunscreen, their first and last name will be written on the sunscreen container and will only be used by my Scout.</p>	<hr/> <p><i>Parent/Guardian Signature</i></p> <p>____/____/____ <i>Date</i></p>