



INTERNATIONAL  
**SCHOOL**  
OF ORANGE COUNTY

X



## Authorization for Medical Administration Assistance – Sunscreen Application

To Whom It May Concern,

I, the undersigned, hereby authorize the staff of International School of Orange County to assist in the application of sunscreen on my child, \_\_\_\_\_, during the summer season. This authorization is valid for entire 2025 OC French Summer Camp.

I understand that the sunscreen will be provided by our family and will be labeled with my child's name. I grant permission for the staff to apply the sunscreen to ensure my child is protected from the harmful effects of sun exposure while participating in outdoor activities.

By signing this document, you agree to the terms and conditions outlined above, and understand that this authorization is valid for the entire summer duration specified.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*Note to Parent/Guardian:\*\*** Please ensure that the sunscreen provided is within its expiration date and is suitable for your child's skin type to prevent any allergic reactions or skin issues.