



FROST VALLEY YMCA Community Programs Department
Outdoor & Virtual Learning Center

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Outdoor & Virtual Learning Center 2020/2021

Topical Ointment/Sunscreen/Bug Repellent (TO/R/S) Permission Slip

Today's Date _____

Student's Name _____

I, _____ give permission for *Frost Valley YMCA Outdoor & Virtual Learning Center Staff* to apply the following sprays/lotions/ointments to my child (listed above) while they are in the care of the FV YMCA OVLC Program for the 2020/2021 school year.

Please initial:

_____ Sunscreen*

_____ Bug Spray (DEET Free)*

_____ Topical Ointments such as Neosporin*

Parent/Guardian Signature _____ Date _____

*All TO/S/R will be applied per the guidelines listed in the FV YMCA Health Care Plan. FV YMCA will provide the above TO/S/R for all students. Families are allowed to send their own sunscreen and/or bug spray. All TO/S/R provided to the program for a specific child must be clearly labeled with their name and will be stored in a locked box in the FV YMCA program room.