

Children, Youth, & Teen Programs MCB Butler, Okinawa, Japan

Topical Medication & Sunscreen Authorization and Hold Harmless Agreement

Child's Name: (Last)	(First)	Sponsor's Name & Rank: (Last, First)	
Date of Birth: (mm/dd/yyyy)	Home Phone:	Sponsor's Unit & Address:	
Spouse's Name: (Last, First)			
Work Phone:	Cell Phone:	Work Phone:	Cell Phone:
To MCCS Children, Youth, & T	eens Program, MCB Butler, O	lkinawa, Japan:	
We, the undersigned, are the In accordance with the writte topical medication or sunscre	n instructions below, we desi	re that CYTP personnel give my	child assistance in applying
Name of Topical Medication/Sunscreen		Instructions	
and employees against loss fr time be made or brought by s damages on account of any ir	rom any and all claims, deman said minor or by anyone on be njuries or loss sustained in con emption, both as to real and p	MCCS and CYTP, and their respends, or actions in law or in equity that of said minor for the purponsequences of the aforesaid assipersonal property, to which we in	that may hereafter at any see of enforcing a claim for stance, and we do hereby
_		vill be assisted in the application the Center. CYTP will not adm	
Sponsor's Signature		Spouse's Signature	
 Date		 Date	