

School District Letterhead

Sample Sunscreen Parent Permission for Use at School/School Sponsored Events

To Be Completed By Parent- Valid for 1 Year

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

To reduce the possible overexposure to sun NYS Education Law allows students who can apply or direct school staff members to apply FDA approved sunscreen products to carry and use them at school/school sponsored events with written parent/guardian consent.

If student **CANNOT** apply or direct an adult to apply sunscreen for them, whether his/her own sunscreen or school provided sunscreen, a licensed health professional must apply it. A provider order and written parent/guardian consent is needed.

The name of the school provided sunscreen product is _____

My student **CAN** apply sunscreen by themselves or direct an adult to apply sunscreen for them

- I allow my child or directed adult to apply his/her **own** FDA approved sunscreen, as needed.
- I allow my child or directed adult to apply the **school provided** FDA approved sunscreen listed below as needed. An application of school provided FDA approved sunscreen (Name of school provided product) will be applied to exposed skin every 4 hours as needed to protect against overexposure to sun.

Parent/Guardian Signature and Contact Information

Name:	Date
Signature:	Phone

Return to:

School Nurse: _____ School: _____

School Address: _____

Phone: () _____ Fax: () _____

Email _____