

Permission to Possess and Use Sunscreen

As per Act 105 of 2018, *Sun Protection of Students and Application of Nonprescription Sunscreen*, schools shall allow the possession, application or use by a student of a non-aerosol topical sunscreen product approved by the FDA for over-the-counter use during school hours and at school sponsored events.

Please complete this form in order to permit your child to carry, apply and use a non-aerosol topical sunscreen product approved by the FDA:

Student Name _____ **Date of Birth** _____

School _____ **Grade/Room** _____

I, the parent/guardian, understand and agree to the following statements:

1. The sunscreen product I am providing for my child to use in school is a non-aerosol, topical sunscreen approved by the FDA for topical use for the purpose of limiting ultraviolet light induced skin damage.
2. The school, or any employee of the school district, is not responsible for ensuring that the product is applied by the student.
3. The student has demonstrated to the parent/guardian that he/she is capable of self-applying the product and understands the proper safety precautions for handling and disposal of the product.

Parent Signature _____ Date _____

I, the student, understand and agree to the following statement:

1. I understand the proper method of self- applying the sunscreen.
2. I understand how to safely handle the product and dispose of the product.
3. I understand that this product is not to be shared with other students.

Student Signature _____ Date _____

The school may revoke or restrict the possession, application or use of a sunscreen product if any of the following occur:

1. **The student fails to comply with school rules regarding the possession, application or use of the product.**
2. **The student demonstrates an unwillingness or inability to safeguard the product from use by other students.**

Signature of School Employee Approving Use: _____ Date: _____