Saranac Lake Central School District

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 staff members to apply FDA approved sunscreen products 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 □ I allow my child or directed adult to apply his/her own □ I allow my child or directed adult to apply the school preeded. An application of school provided FDA approviil be applied to exposed skin every 4 hours as needed. Parent/Guardian Signature and Contact Information 	provided FDA approved sunscreen listed below as oved sunscreen (Name of school provided product)
Name:	Date
Signature:	Phone
Return to: School Nurse:School Address:	School:
Phone: () F	-ax: ()