Non-Aerosol Topical Sunscreen Use: Parent/Guardian Form

In October 2018, the Pennsylvania School Code was amended to include a section on Sun Protection Measures for Students. Section 1414.10 states that a school entity shall allow the application of sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel. [Review the full legislation](https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=105), which is available on the Pennsylvania General Assembly’s website: [www.legis.state.pa.us](http://www.legis.state.pa.us).

Parents/guardians may choose to supply their child with **non-aerosol** **topical sunscreen**, if it is approved by the U.S. Food and Drug Administration. Parents/guardians must complete and submit the following information in order for their child to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel.

Student Name: Grade:

School:

Date:

🞏 By checking this box, you confirm that you are the parent/guardian of the student.

🞏 By checking this box, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.

🞏 By checking this box, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

A school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

* The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
* The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school entity shall provide written notice of the cancelation or restriction to the student's parent or guardian.

Please return this form to your school nurse.

Parent/Guardian Signature:

Date:

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