

FRIENDSHIP SCHOOL
San Diego County Office of Education
525 Third Street, Imperial Beach CA 91932
(858) 298-2213 FAX (619) 423-6007



PARENT'S REQUEST FOR SUNSCREEN APPLICATION

We (I), the undersigned, the parents/guardian(s) of _____
(Name of pupil) (Birth date)

permit the Friendship School staff to apply sunscreen to my child per the discretion of the staff.

We, the parents/guardians, understand that we are responsible for providing sunscreen, labeled with student's name, in original container. Sunscreen can be kept in the student's backpack.

We will notify the school in writing if permission is canceled.

(Parent/Guardian's Signature)		(Date)	
(Relationship to Student)		(Telephone)	
Address:	(Street)	(City)	(State) (Zip code)