

Parent/Guardian Authorization for the Administration of
Over-the-counter Sunscreen by Students Six Years of Age and Older

I hereby consent for my child to possess and self apply an over the counter sunscreen product (sunscreen) while in school prior to engaging in any outdoor activity.

I understand that I must supply the over-the-counter sunscreen product in the original container labeled with the child's name. The school takes no responsibility for the product.

My child understands that the product is for his/her use only and agrees not to share with others. My child agrees to act at all times in a responsible and considerate manner in the use and storage of the sunscreen.

My child will keep the OTC sunscreen in:

- Backpack
- Locker
- Other _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Period of consent shall not exceed one school year, inclusive of summer school.

Note: Individual written consent is required for each child in a family. Consent will expire at the end of a given school year and must be provided annually to be valid.