



**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)

Phone number

Address:

(Street)

(City)

(State)

(Zip  
code)