



# **Manheim Central School District**

*Preparing Responsible Citizens, Who Are Lifelong Learners*

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## **Non-Aerosol Topical Sunscreen Use Parent/Guardian Consent 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](#), 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.

A school may cancel or restrict the possessions, 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 use by other students.

In such cases, the school entity will provide written notice of the cancellation or restriction to the student's parent/guardian.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

### **To be completed by the Parent/Guardian:**

By checking this box, you confirm that you are the parent/guardian of the student. You confirm that you understand the school is not responsible for ensuring that sunscreen is applied by the student and you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **To be completed by the student:**

By checking this box, you confirm that you know the proper method of self-applying the non-aerosol topical sunscreen product and that you know the proper safety precautions for the handling and disposing of the non-aerosol topical sunscreen product.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed forms to the school nurse.**