MT.LEBANON SCHOOL DISTRICT HEALTH SERVICES

Permission to Self-Carry and Self Apply FDA Approved Topical Sunscreen

Name:_____ **Date:**_____

In accordance with Pennsylvania School Code, Section 1414.10, I hereby agree to allow my child to carry and apply their Non-Aerosol Topical FDA approved Sunscreen. I acknowledge that Mt. Lebanon School District and its staff bear no responsibility for the benefits or consequences of the application of the topical sunscreen.

I understand that my child must successfully complete the self administration form with the certified school nurse and have a current, completed parent/guardian approval form on file that states they are permitted to self carry and self apply the said Non-Aerosol FDA approved sunscreen.

The Mt. Lebanon School District reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or applying their sunscreen. If this should occur, the school will notify the parent/guardian of the said withdrawal of permission in writing.

_____ _____

Parent/Guardian Name/Signature **Date**

I agree to be solely responsible for my Non-Aerosol FDA approved Topical Sunscreen and to follow the directions for its use as ordered by my parent/guardian and the District's medication policy.
I am aware that any abuse or misuse of this privilege will result in confiscation of the topical sunscreen and loss of privilege to self carry and self apply this sunscreen..

_____ _____

Student Signature **Date**

FOR CERTIFIED SCHOOL NURSE USE ONLY

Student Self-Administer Assessment completed and on file:
Yes:____ No:____
Parent/Guardian Permission Form completed and on file:
Yes:____ No: ___

_____ _____

Certified School Nurse Signature **Date** **7/24;6/23**