

CHERRY HILL PUBLIC SCHOOLS
Sunscreen Authorization Form

Student's Name: _____

Date of Birth: _____ Grade: _____

- **I will apply sunscreen to my child *prior* to coming to school/SACC regardless of the weather. School personnel are permitted to assist with the reapplication of sunscreen, which may include teachers and educational assistants.**
- I request that my child be permitted to carry and **self apply** sunscreen to exposed skin.
- I recognize that a young child may need assistance and supervision with this task and grant permission to school staff to *assist* as needed. The student performs tasks according to the age-appropriate level of development:
 - **3-7 Years of age:** Requires supervision of sunscreen application
 - **7- 12 Years of age:** May require supervision for sunscreen application. Can learn and be permitted to self-apply sunscreen.
 - **12-18 Years of age:** Able to apply sunscreen independently but may need some support/supervision.
- My child has been instructed to not share or apply sunscreen to others while at school.
- **ONLY** sunscreen lotion (no spray) will be permitted at school. Sunscreen must be supplied in its original, properly labeled container.
- Signed parental permission must be updated **each school year**.
- Sunscreen will be provided by the parent in the original container with the student's name on it.
- I release the school district from any liability claim as a result of the application of sunscreen or non application as directed by the parent.

I have reviewed the above information:

- Yes, I give permission for my child to carry and self apply sunscreen and to have school staff assist with the reapplication, if needed.
- No, I do NOT give permission for my child to reapply sunscreen at school.

Brand of sunscreen: As provided by parent

SPF: As provided by parent

Time/Frequency: As needed

Allergies: _____

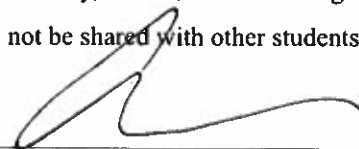
Parent/Guardian Signature: _____

Parent/Guardian Name(print): _____

Parent/Guardian Phone#: _____

Sunscreen to be reapplied as needed during the school day, SACC, ESY or during school sponsored activities.

Sunscreen will be provided by the parent and will not be shared with other students.

Dr. Eric Requa District Medical Inspector:  _____

Date: 1/30/23