

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 regardless of the weather. School personnel may assist with reapplication of sunscreen during the day as needed.**
- I request that my child be permitted to carry and self apply sunscreen to exposed skin per the physician's order below.
- 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.
- A **written physician's order** must accompany this request (*see below*) and must be updated **each school year**.
- I recognize that any changes must be communicated to the school nurse in writing and a new physician's order must be provided.
- I authorize the school nurse to exchange information with my child's physician regarding the order below.
- I release the school district from any liability claim as a result of the application of sunscreen as directed.

Brand of sunscreen: _____

SPF: _____

Time/Frequency: _____

Allergies: _____

Parent/Guardian Signature: _____

Parent/Guardian Name(print): _____

Parent/Guardian Phone#: _____

Physician's Signature: _____

Physician's Name (print): _____

Physician's Phone#: _____

