

FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT
PARENT RELEASE FOR THE USE OF SUNSCREEN AT SCHOOL

Please note: This form must be completed each school year for each child.

Student's Name _____ Birth Date _____ Grade ____ School _____

My child may use sunscreen while at school.

I understand that any sunscreen shall be provided by me and be brought to the school in its original container and labeled with my student's name.

I understand that school personnel shall not be required to assist students in applying sunscreen. I understand that sharing of sunscreen between students is prohibited.

I understand that at such time as my student no longer needs sunscreen, or at the end of every academic year, I will personally retrieve the sunscreen from the school, or it will be disposed of by school staff.

In agreeing to provide sunscreen for my child and allowing him/her to apply such sunscreen per instructions on the product's label, I voluntarily agree to release, discharge, and hold harmless Folsom Cordova Unified School District and its officers, agents and employees for any act which causes our child's illness, injury, death and damages of any nature in any way connected with the application of our child's sunscreen.

Parent/Guardian Name (please print) _____ Date _____

Parent/Guardian Signature _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____