**Central Bucks School District**

**Parent Permission for Student to Carry and Self-Administer Sunscreen.**

**\*All sunscreen must be a non-aerosol topical product approved by the Food and Drug Administration for over-the-counter use for the purpose of limiting ultraviolet light-induced skin damage.\***

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GR\_\_\_\_\_\_ HR\_\_\_\_\_\_ Effective: 20\_\_\_20\_\_\_**

As the parent/ guardian of the above-named student, I relieve the school district and its employees of any responsibility for the benefits and consequences of student self-management of carrying and applying sunscreen at school. I understand that the sunscreen must be in the original sealed container and clearly labeled with the above student’s full name.

\_\_\_I certify that my child understands and knows the proper method of application of sunscreen.

\_\_\_I certify that my child understands safety precautions related to handling of sunscreen

\_\_\_I certify my child understands this sunscreen is only to be used for his/her personal use and is not to be shared under any circumstances

\_\_\_I certify that **no aerosol sunscreen** will be used

I further acknowledge the school district bears no responsibility for ensuring that the sunscreen is applied. I am aware that any improper use or sharing of sunscreen will result in the immediate confiscation of medication.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I am aware that any abuse of this privilege will result in loss of the privilege to carry sunscreen while in school.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_