**Sunscreen Parent Permission for Use at School & School Sponsored Events**

**To Be Completed By Parent/Guardian- Valid for 2024-2025 School Year**

Student Name: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To reduce the possible overexposure to sun, NYS Education Law allows students who can apply or direct school staff members to apply FDA approved sunscreen products to carry and use them at school/school sponsored events with written parent/guardian consent.

My student **CAN** apply sunscreen by themselves or direct an adult to apply sunscreen for them:

* I allow my child or directed adult to apply his/her **own** FDA approved sunscreen, as needed.

**Parent/Guardian Signature and Contact Information:**

| **Name:** | **Date:** |
| --- | --- |
| **Signature:** | **Phone:** |

**Return to:**Lindsay Handley, RN

Elbridge Elementary School Nurse

Phone: 315-689-8540 Fax: 315-689-3570

lhandley@jecsd.org