

# Series 5000

## Students Application of Sunscreen

### Eastford Board of Education

#### WRITTEN AUTHORIZATION FOR THE POSSESSION AND APPLICATION OF SUNSCREEN IN SCHOOL

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Child: \_\_\_\_\_

Name of  
Parent(s): \_\_\_\_\_

Address of  
Parent(s): \_\_\_\_\_  
(if different from child)

Connecticut law permits students six (6) years of age or older to possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity, with signed parent/guardian consent.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Print name of parent/guardian Print name of student

permit my child to possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity. I understand and agree that the Eastford Board of Education assumes no responsibility or liability whatsoever with regard to the possession or application of the over-the-counter sunscreen, including but not limited to whether, or the manner in which, the sunscreen is applied; the expiration of the sunscreen; and/or any reaction the student may have to the application of the sunscreen.

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

\_\_\_\_\_  
Date

**Please return the completed original form to your child's school nurse.**

**Adopted: 10/10/2019**

*Eastford Board of Education*