North Allegheny School District Non-Aerosol Topical Sunscreen Use Permission Form

Student Name: _____ Student Number: _____ Grade: _____

Parents/guardians may choose to supply their child with **non-aerosol topical sunscreen**, if it is approved by the U.S. Food and Drug Administration. Parents/guardians must complete and submit the following information in order for their child to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel

☐ By checking this box, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.

☐ By checking this box, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

Parent/Guardian Signature: _____

Date: _____

Students must complete and submit the following information so that they are able to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel.

☐ By checking this box, you confirm that you know the proper method of self-applying the non-aerosol topical sunscreen product.

☐ By checking this box, you confirm that you know the proper safety precautions for the handling and disposing of the non-aerosol topical sunscreen product.

Student Signature: _____

Date: _____

**North Allegheny School District may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:
- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If North Allegheny School District cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school entity shall provide written or verbal notice of the cancelation or restriction to the student's parent or guardian.

Please return this form to your School Nurse