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 Old Saybrook 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.

Approved: February 11, 2020