

ACACS Sunscreen Application Permission Form

I, the parent/guardian of _____, ask that
(Student's Name)

ACACS staff ensures the sunscreen I have provided and labeled with his/her name is applied as per the manufacturer's instructions any time he/she is expected to be outdoors for longer than 20 minutes between the hours of 10am-4pm. I have checked the ingredients and am not aware that my child is allergic to any of the contents.

Sunscreen Expiration Date _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

The sunscreen provided will be labeled by the parent with the student's name. It will remain in its original container or packaging and will be stored away from food and out of reach of children. It will contain an SPF > 15. Any unused portion will be returned to the parent/guardian at the close of the school year. This form will need to be renewed at the beginning of each school year and new sunscreen provided.