



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

This document is fillable using Adobe Acrobat or can be printed and completed by hand.

Student's Name: _____ Date of Birth: _____

Address of Student: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian (if different from student): _____

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 Clinton 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 form to your student's School Nurse.