

Penn Manor School District

Non-aerosol Sunscreen Application Instructions and Consent

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

Non-aerosol Sunscreen Instructions:

Name of Product: _____

Route and dosage: _____

Time of administration: _____ Discontinue Date: _____

Reason for using product: _____

Parent/Guardian

Name _____ Signature _____ Date _____ Phone (____) _____ - _____

Signing verifies that you, the parent/guardian attests to the following: The school entity is not responsible for ensuring that the non-aerosol topical sunscreen product is applied by the student; the student has demonstrated to the parent or guardian that the student is capable of self-applying the non-aerosol topical sunscreen product. The parent or guardian instructed the student on proper safety precautions for the handling and disposal of the non-aerosol topical sunscreen product including acknowledgement that the student will not allow other students to have access to the product and that he/she understands appropriate safeguards. The school entity may revoke or restrict the possession, application or use of the non-aerosol 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.

School Nurse

The nurse has verified with the parent and student that student has demonstrated the skills to self-apply the non-aerosol topical sunscreen product. The nurse has verified that the student has received instruction from the student's parent or guardian, on proper safety precautions for the handling and disposal of the non-aerosol topical sunscreen product including acknowledgement that the student will not allow other students to have access to the product and that he/she understands appropriate safeguards.

CSN Name _____ CSN Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____