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### **Parent/Guardian Form Non-Aerosol Topical Sunscreen and Insect Repellent Use**

In October 2018, the Pennsylvania School Code was amended to include a section on Sun Protection Measures for Students. Section 1414.10 states that a school entity shall allow the application of sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel. [Review the full legislation](#), which is available on the Pennsylvania General Assembly's website: [www.legis.state.pa.us](http://www.legis.state.pa.us).

Parents/guardians may choose to supply their child with **non-aerosol topical sunscreen and/or non-aerosol insect repellent**, 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 and insect repellent during school hours, at a school-sponsored activity, or while under the supervision of school personnel.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

- By checking this box, you confirm that you are the parent/guardian of the student.
- 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.
- By checking this box, you confirm that you understand that the school is not responsible for ensuring that the insect repellent is applied by the student.
- By checking this box, you confirm that the student has demonstrated that they are able to self-apply the insect repellent.

A school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen or insect repellent 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 or insect repellent product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen or insect repellent product from access by other students.

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

Parent/Guardian Signature: \_\_\_\_\_



Date: \_\_\_\_\_

Students for 4<sup>th</sup> grade and older 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.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

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.

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

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

A school 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 a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen or insect repellent product by a student, the school entity shall provide written notice of the cancelation or restriction to the student's parent or guardian.

Please return this form to: Jill Koose, School Nurse

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_