

Sunscreen Use Parent Form Penn Cambria School District



Dear Family,

Pennsylvania Act 105 of 2018 allows school students to possess, apply, and use topical sunscreen during school hours and at school-sponsored activities if the form below is completed and submitted to the school.

The sunscreen must be **non-aerosol** and must be approved by the FDA for over-the-counter use for purposes of limiting ultraviolet light-induced sun damage.

As a **parent/guardian**, I attest to the following:

- My child has demonstrated to me that he/she is capable of self-applying the non-aerosol sunscreen product.
- I understand that Penn Cambria School District is not responsible for ensuring that the sunscreen product is applied by my child.
- I understand that the school may revoke or restrict possession, application, and use of sunscreen by my child if my child fails to comply with school rules related to the sunscreen product or if my child shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

Student's Name: _____ Current Grade Level: _____

Parent/Guardian Name (printed): _____

Parent/ Guardian Signature: _____ Date: _____

As a **student**, I attest to the following:

- I know the proper method of self-applying non-aerosol topical sunscreen.
- I know the proper safety precautions for the handling and disposal of the non-aerosol topical sunscreen product.
- I understand that the school may revoke or restrict my possession, application, and use of sunscreen if I fail to comply with school rules or if I allow other students access to a topical sunscreen product in my possession.

Student's Signature: _____ Date: _____

Please return this completed form to your child's principal or school nurse.