

NORTHERN ADIRONDACK CENTRAL SCHOOL

Sunscreen Parent Permission for Use at School

To Be Completed by Parent – Valid for 1 Year

Student name: _____ Date of Birth: _____

Grade: _____ Teacher/HR: _____ School building: _____

To reduce the possible overexposure to sun, NYS Education Law allows students who can apply or direct school staff members to apply FDA approved sunscreen products to carry and use them at school/school-sponsored events with written parent/guardian consent.

If student CANNOT apply or direct an adult to apply sunscreen for them, a licensed health professional must apply it. A provider order and written parent/guardian consent is needed.

☐ My student CAN apply sunscreen by themselves or direct an adult to apply sunscreen for them and by checking this box I allow my child or directed adult to apply his/her own FDA approved sunscreen, as needed

Parent/Guardian Signature and Contact Information:

Name: _____ Phone : _____

Signature: _____ Date: _____

Return to:

Mr. Al Pageau, RN
Elementary School Nurse
Phone: 518.594.3986 ext. 2611
Fax: 518-594-7255
apageau@nacs1.org

Ms. Jennifer Gilmore
Middle School/High School Nurse
518.594. 3986 ext. 3611
Fax: 518-594-7255
jennifer_gilmore@nacs1.org

Northern Adirondack Central School District
P.O. Box 164
Ellenburg Depot, NY 12935