

**AUTHORIZATION TO APPLY  
SUNSCREEN**

**Adopt only if school personnel will be applying sunscreen on students.  
Not needed if district is only going to allow students to self-administer.**

I hereby authorize the school nurse, or persons designated to administer medication in his/her absence, to apply sunscreen on my child, when necessary, advisable, or the circumstances warrant.

I request that this authorization remain in force as long as my child is a student in this school, unless school personnel are advised in writing of a change.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature of Parent/Guardian/Individual Assuming  
Permanent Care and Custody