

SUNSCREEN AUTHORIZATION FORM
SCHOOL YEAR 2019-2020

Dear Parents/Guardians:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen at schools and youth camps which consists of obtaining prior authorization from the parent/guardian to apply sunscreen to their child at school or camp. We must abide by the state of Maryland policy as outlined below.

Please read the following regarding use and application of sunscreen at the Maryland School for the Deaf. The authorization statement must be completed and submitted along with sunscreen labeled for your child (one form and bottle per student).

MSD Sunscreen Policy

- 1. Each student's parent/guardian must provide written permission for use and application of sunscreen on their child.
2. Sunscreen containers must be clearly labeled with the Student's name and must be provided to the Student Health Center staff.
3. Students should, in most instances, apply the sunscreen on their own. If assistance is needed, it will be provided by the Maryland School for the Deaf staff ONLY if specifically authorized (see below).
4. Parents/guardians are encouraged to apply sunscreen to their child before the child attends camp or a school sponsored outdoor activity that day.

MSD Sunscreen Authorization

Student's Name: Age:

Brand of Sunscreen: SPF: Expiration Date:

YES, I give permission for members of the Maryland School for the Deaf to assist in applying sunscreen to my child. In the event my child does not bring sunscreen to school and conditions warrant its use, by my signature below I authorize the staff at the Maryland School for the Deaf to use school supplies of sunscreen.

I understand that this may require the staff members to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so.

Parent/Guardian's Printed Name

Parent/Guardian Signature

Date:

NO, I do not give permission for Maryland School for the Deaf Staff members to assist in applying sunscreen to my child.

Parent/Guardian's Printed Name

Parent/Guardian Signature

Date: