

PARENT/GUARDIAN FORM REGARDING OUTDOOR STUDENT USE OF A NON-AEROSOL, TOPICAL, OVER-THE-COUNTER SUNSCREEN PRODUCT

*** THIS FORM MUST BE SUBMITTED TO YOUR CHILD'S BUILDING PRINCIPAL***

By signing below, I acknowledge that I am the parent or guardian _____
and I attest that:

1. I am requesting that my child, when outdoors, be permitted to use to us a non-aerosol, topical, over-the-counter sunscreen product during school hours, at a school-sponsored event, or while under the supervision of school personnel (i.e. while on a field trip, during an outdoor extracurricular activity, etc.).
2. A prescription is not required for the sunscreen product, which is approved for over-the-counter use for the purpose of limiting UV light-induced skin damage.
3. I understand that my child shall be solely responsible for applying the sunscreen and ensuring that the sunscreen is applied, periodically, as needed; I agree that the District and its employees, volunteers, and contractors are in no way responsible for either applying the sunscreen or ensuring that my child applies the sunscreen periodically, as needed; and I hereby agree to release the Warren County School District and its employees, volunteers, and contractors from any and all liability with respect to my child's, possession, application, use, or non-use of the sunscreen.
4. My child has demonstrated to me that he/she is capable of applying the sunscreen himself/herself and that he/she knows the proper safety precautions for the handling and disposal of the sunscreen.
5. I have reviewed that attached administrative procedure governing my child's use of the sunscreen in its entirety, and I understand that my child may be subject to discipline by the District, pursuant to the District's Discipline Code (as set forth in Policy 10510), if he/she violates any requirement or rule stated in the procedure. I further understand that, upon written notice to me, the District may revoke or restrict my child's ability to possess, apply, or use sunscreen if my child violates any requirement or rule stated in the procedure or demonstrates an unwillingness or inability to safeguard the sunscreen from access by other students.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

**STUDENT FORM REGARDING OUTDOOR STUDENT USE OF A NON-AEROSOL,
TOPICAL, OVER -THE-COUNTER SUNSCREEN PRODUCT**

THIS FORM MUST BE SUBMITTED TO THE STUDENT'S BUILDING PRINCIPAL

By signing below, I am stating that:

1. I know the proper method to apply the sunscreen product myself.
2. I know the proper safety precautions for the handling and disposal of the sunscreen product.
3. I understand that I shall be solely responsible for applying the sunscreen and ensuring that the sunscreen is applied periodically, as needed, and that the Warren County School District and its employees, volunteers, and contractors are in no way responsible for either applying the sunscreen or ensuring that I apply it periodically, as needed.
4. I have reviewed that attached administrative procedure governing my use of sunscreen in its entirety, and I understand that I may be subject to discipline by the District, pursuant to the District's Discipline Code (as set forth in Policy 10510), if I violate any requirement or rule stated in the procedure. I further understand that, upon written notice to my parent/guardian, the District may revoke or restrict my ability to possess, apply, or use sunscreen if I violate any requirement or rule stated in the procedure or demonstrate an unwillingness or inability to safeguard the sunscreen from access by other students.

Printed Name of Student

Signature of Student

Date