

## ARLINGTON CENTRAL SCHOOL DISTRICT

VAIL FARM ELEMENTARY SCHOOL 1659 East Noxon Road • LaGrangeville, New York 12540 Health Office 845-227-6028 • Fax 845-350-4163

## Dear Parents and Guardians:

As of July 31, 2012, schools are no longer required to obtain a medical provider's order to allow a student to self-carry and use sunscreen if (1) the sunscreen is used for its intended purpose of avoiding overexposure to the sun; (2) the sunscreen is approved by the FDA for over-the -counter use; and (3) the student's parent or guardian provides written permission for the student to carry and use the sunscreen. Aerosol sunscreen is not permitted.

If you wish for your child to use sunscreen while in school or during school field trips, please complete the permission slip below and return it to your child's teacher. Please discuss with your child the importance of using the sunscreen properly. In addition, please reinforce to your child that he/she must not share his/her sunscreen with other students. If the Student is unable to apply sunscreen independently, then a medical provider's order and parent/ guardian signature on the order is still required in order for the sunscreen to be applied by a licensed staff person.

Mrs. Lynn Eves, RN, BSN
VFES School Nurse

As the parent/ guardian of \_\_\_\_\_\_\_, I hereby give permission for him/her to apply the specific brand of sunscreen that I provide and note below. I hereby state that my child understands how to use his/her sunscreen, is capable and responsible to apply his/her own sunscreen, and will not share his/her sunscreen with others.

I understand that in accordance with New York State Guidelines, if my child is not self-directed and/or is unable to apply sunscreen independently, then a medical provider's order and parent/ guardian signature on the order is still required in order for the sunscreen to be applied by a licensed staff person.

Please clearly label your child's sunscreen. Please do not send aerosol sprays.

Teacher's Name Indicate sunscreen BRAND and SPF

Signed:\_\_\_\_\_\_Date:\_\_\_\_\_