

## **ARLINGTON CENTRAL SCHOOL DISTRICT BEEKMAN ELEMENTARY SCHOOL**

201 Lime Ridge Road • Poughquag, New York 12570 Health Office 845-227-1817 • Fax 845-227-1822

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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 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.

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.

Sincerely,

School Nurse

\_\_\_\_\_

## SUNSCREEN PERMISSION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give permission for my child 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/ auardian signature on the order is still required in order for the sunscreen to be applied by a licensed staff person.

Teacher's Name: School Name:

Indicate sunscreen brand name and SPF here:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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