

School District Cherry Hill Public Schools

STUDENT INFORMATION (TO BE FILLED OUT BY PARENT/GUARDIAN)

Student's Name: _____

Please print

Birthdate: _____

Grade: _____

Student will apply to exposed skin for the purpose of sunburn prevention.

Specify Brand _____ and SPF _____ Time/Frequency _____

Physician's Order: (This section must be signed by a physician or nurse practitioner)

Physician's name: _____

Physician's phone number: _____

Sunscreen: _____

Allergies: _____

Physician Signature: _____

PARENT CONSENT: Complete for Sunscreen application at School/School Aged Child Care

I request that Sunscreen be administered/applied by staff at school.

Sunscreen will be supplied in its original, properly labeled container.

A written doctor's order must accompany this request. (Please have the physician fill out the order section above) The doctor's order and written permission must be updated each school year.

I will notify the school in writing for any changes and obtain a new physician's order.

I authorize school personnel to exchange information verbally or in writing with my child's physician regarding this medication or the condition for which it is prescribed.

I release the school district from any liability claim as a result of the administration/application of sunscreen as directed.

Date: _____

Parent's Signature: _____

Address and City: _____

Telephone # _____

Please put sunscreen on your student before they come to school in the morning. School personnel will assist with reapplication of sunscreen during the day as needed.