



St. Joseph School

5411 South Main Street Sylvania, Ohio 43560

Sunscreen Consent Form

You are asked to sign this form to show that you have received the letter about the school's approach to sun safety.

If you wish that your child use sunscreen at school, please indicate this below.

Sunscreen Consent Form for the _____ School Year

Student name _____

Homeroom _____

1. I have read and support the school's Sun Safety Policy. _____
2. I will provide my child with a sunscreen product to be used at school and on school outings in accordance with the school's policy. _____
3. For Kindergarteners: I give permission for approved teachers/staff to apply sunscreen when it is considered necessary. I will provide for them clear, written instructions for application. _____

Signature _____

Date _____