

Southington School Health Services
Southington Public Schools

**AUTHORIZATION OF A PARENT/ LEGAL GUARDIAN/ ELIGIBLE STUDENT OVER AGE 6
FOR THE ADMINISTRATION OF SUNSCREEN**

Connecticut State Laws and Regulations (Public Act No. 19-60) allow any student who is 6 years of age or older to possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity, with only a written authorization signed by the student's parent or guardian.

Per Southington Public School Procedures, no spray-on sunscreen will be allowed.

Please Note: For students who are younger than 6 years of age, or those unable to self-apply sunscreen, each of the following requirements apply: **1:** Written order from an authorized prescriber, *which may include the recommendation for self-administration of sunscreen for capable students under age 6.* **2:** Parent or guardian written authorization for self-administration of sunscreen. **3:** The school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate.

- If the student is unable to self-apply sunscreen, application will be provided by the school nurse.
- A Medication Authorization Form is required for any students under age 6, or those unable to self-apply.

INFORMATION PROVIDED BY PARENT/LEGAL GUARDIAN/ELIGIBLE STUDENT

Name of Student _____ Grade _____ Date of Request _____
Address _____ Date of Birth _____
Condition for which medication is to be administered _____
Name of Sunscreen (**No Spray-On Sunscreens Allowed**) _____
Expiration Date of Sunscreen _____
Directions for use will be followed.
Time and/or frequency of application _____
History of known allergic reaction to this Sunscreen _____

Unless otherwise specified: This authorization is in effect for the 2024-2025 School Year:

The school year is August 1st through July 31st

Sunscreen to accompany student on Field Trips: Yes: No:

Nurse accepting authorization form _____ Date _____

I understand that my child will self-carry and self-apply sunscreen on an as needed basis throughout this school year. I understand that I am responsible for monitoring the expiration date of this product, and I will replace this as needed. My child has demonstrated an understanding of applying this product and has safely applied this product independently.

Parent/Guardian Name _____ Relationship to child _____
Address _____ Telephone _____
Signature _____ Date _____