Non-Aerosol Topical Sunscreen Use

Student Form

In October 2018, the Pennsylvania School Code was amended to include a section on Sun Protection Measures for Students. Section 1414.10 states that a school entity shall allow the application of sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel. Review the full legislation, which is available on the Pennsylvania General Assembly’s website: www.legis.state.pa.us.

Parents/guardians may choose to supply their child with non-aerosol topical sunscreen, if it is approved by the U.S. Food and Drug Administration.

Students must complete and submit the following information so that they are able to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel.

Student Name: ___________________________________________ Grade: ___________

School: _______________________________________________________

☐ By checking this box, you confirm that you know the proper method of self-applying the non-aerosol topical sunscreen product.

☐ By checking this box, you confirm that you know the proper safety precautions for the handling and disposing of the non-aerosol topical sunscreen product.

A school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

● The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.

● The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school entity shall provide written notice of the cancelation or restriction to the student's parent or guardian.

Please return this form to:

Student Signature:____________________________________________

Date: ______________________________

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