

NEW MILFORD PUBLIC SCHOOLS

25 Sunny Valley Road, Suite A
New Milford, Connecticut 06776
860-354-2654



**WRITTEN AUTHORIZATION FOR THE
POSSESSION AND APPLICATION OF SUNSCREEN IN SCHOOL**

Name of Child: _____ Date of Birth: _____

Address of Child:

Name of

Parent(s): _____

Connecticut law permits students six (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 signed parent/guardian consent. I, _____
(Print name of parent/guardian) , the parent/guardian of _____,
(Print name of student) permit my child to possess and self-apply an over-the-counter sunscreen product while in school prior to engaging in any outdoor activity. I understand and agree that the New Milford Board of Education assumes no responsibility or liability whatsoever with regard to the possession or application of the over-the-counter sunscreen, including but not limited to whether, or the manner in which, the sunscreen is applied; the expiration of the sunscreen; and/or any reaction the student may have to the application of the sunscreen.

Signature of Parent/Guardian

Date

Please return the completed original form to your child's school nurse.