

**M.S.A.D. No. 72**  
**Sunscreen Permission (field trips/sports/PKA program)**

**Please complete Option 1 or Option 2**

**Option 1: Complete and sign the permission below to allow the medication trained school personnel to apply the school supplied sunscreen to your child during their school program**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**School Supplied Sunscreen:** EQUATE Sport Sunscreen SPF 30

**Application:** apply to exposed skin; follow manufacturer directions

I give my permission for medication trained school personnel to administer the above school supplied sunscreen during the school program to my child to exposed skin areas prior to outdoor activities involving extended times in the sun.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Option 2: Complete and sign the permission below and you will also provide the sunscreen to be applied to your child during the school program. The sunscreen that you provide needs to be able to stay with the school staff.**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Parent Supplied Sunscreen:** \_\_\_\_\_

**Application Directions:**

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I give my permission for medication trained school personnel to administer the above sunscreen during the school program to my child to exposed skin areas prior to outdoor activities involving extended times in the sun.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

