MADISON PUBLIC SCHOOLS Madison, CT

WRITTEN AUTHORIZATION FOR THE POSSESSION AND APPLICATION OF SUNSCREEN IN SCHOOL

Name of Child:	Date of Birth:
Address of Child:	
Name of Parent(s):	
Address of	the parent/guardian of, guardian Print name of student ossess and self-apply an over-the-counter sunscreen product while in ging in any outdoor activity. I understand and agree that the Madison Board as no responsibility or liability whatsoever with regard to the possession or ter-the-counter sunscreen, including but not limited to whether, or the assunscreen is applied; the expiration of the sunscreen; and/or any reaction to the application of the sunscreen.
Connecticut law permits students s	ix (6) years of age or older to possess and self-apply an t while in school prior to engaging in any outdoor activity,
permit my child to possess and sel school prior to engaging in any ou of Education assumes no responsil application of the over-the-counter manner in which, the sunscreen is	f-apply an over-the-counter sunscreen product while in door activity. I understand and agree that the Madison Boardility or liability whatsoever with regard to the possession of sunscreen, including but not limited to whether, or the applied; the expiration of the sunscreen; and/or any reaction
Signature of Parent/Guardian	Date
Please return the completed origin	al form to your child's school nurse.