# Sunscreen Use Parent/Legal Guardian Permission for BOCES/BOCES-Sponsored Events

**To be Completed by Parents/Legal Guardians - Valid for 1 Year**

BOCES requests parents/legal guardians apply sunscreen before school and recommends using a Sun Protection Factor (SPF) of 15 or greater to minimize harm from the sun and provide appropriate clothing for their student. **However, NYS Education Law Section 907 allows *students to carry and use topical FDA-approved sunscreen products with written permission from a parent/legal guardian.**

*****_Only students who can apply or can direct school staff to apply sunscreen at BOCES or BOCES-sponsored events are covered under this law. (Box 1)_ ***All other students require a healthcare provider's order and written parent/legal guardian permission.*** _(Box 2)_

**BOCES provides the following FDA- approved SPF 15 or greater sunscreen products for use:**
List products here

| **My student can self-apply or direct school staff to apply the sunscreen indicated below.** | |
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| **Check one:**<br>☐ I allow my student to self-apply or to direct school staff to apply **BOCES provided** sunscreen(s) listed above, per manufacturer's directions.<br><br>☐ I allow my student to self-apply or to direct school staff to apply **parent provided** FDA-approved sunscreen, per manufacturer's directions. | |
| Student name: | DOB: |
| Parent/Legal Guardian signature: | Date: |

**OR**

| **My student requires a healthcare provider's order for a licensed nurse to apply sunscreen because they cannot self-apply or direct an adult to do so.** | |
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| I have included a healthcare provider's order and have signed below to give my written permission for a licensed nurse to apply. **Check one**:<br>☐ **BOCES provided** sunscreen(s) listed above, per manufacturer's directions.<br><br>☐ **Parent provided FDA- approved** sunscreen, per manufacturer's directions. | |
| Student name: | DOB: |
| Parent/Legal Guardian signature: | Date: |

**Please return this form and/or reach out if you have any questions to:**

| | |
|---|---|
| BOCES Nurse : | Phone: |
| Email: | Fax: |