

**The Westview School  
Health Services  
2023-2024**

**SUNSCREEN/ INSECT REPELLANT  
PERMISSION FORM**

Parents/guardians may choose to supply their child with sunscreen or insect repellent for use during school hours, at a school-sponsored activity, or while under the supervision of school personnel. The Westview School will allow these items to be stored in the clinic, provided these items are FDA or EPA-approved and all requirements have been met. Please keep in mind, most insect repellent formulas last between 6-12 hours and should not be applied more than once per day. **Insect repellent may only be kept at school if it MUST be applied more often than every 6 hours.**

Please complete and submit the following information.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/ Homeroom: \_\_\_\_\_ Insect Repellent  Sunscreen

- **Only NON-aerosol, NON-fan FDA or EPA-approved products will be accepted.**
- Product(s) should be placed in a clear plastic bag, labeled with your child's name. Students, including siblings, may not share products.
- Students are encouraged to self-apply these products, however in the event a child requires the assistance of the School Nurse, products will be applied to face and neck (sunscreen), arms, and lower legs only.

My child has demonstrated proper application of this product and may self-apply.

My child may need assistance with proper application. I give permission for the School Nurse to assist with the application of this product.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_