



**SCHERTZ-CIBOLO-UNIVERSAL CITY INDEPENDENT SCHOOL  
DISTRICT  
HEALTH SERVICES**

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**Sunscreen Administration Form**

My child, \_\_\_\_\_, will require assistance as needed to apply sunscreen while at school. I understand the following:

1. I will need to provide a sunscreen that is approved by the U.S. Food and Drug Administration (FDA).
2. The sunscreen must be labeled with my child's name.
3. The sunscreen will be kept with my child.
4. My child is not to share the sunscreen with any other student.
5. A new permission form is required each school year.
6. Sunscreen product cannot be used for the medical treatment of an illness or injury.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Homeroom

\_\_\_\_\_  
Date