

Sagaponack Common School District
School Health Services
P.O. Box 1500
Sagaponack, NY 11962

Parent/Guardian Permission to Designate
Another Adult to Apply Sunscreen

To be completed by Parent/Guardian:

I authorize _____,
(Name of designee-family member, friend, school, etc. in accordance with Education
Law §6908)

to apply sunscreen on my child _____ for
outdoor play, field trips, etc.

I acknowledge that the Sagaponack Common School District will not be liable for any problems
that may arise as a result of the application of sunscreen that will be provided to the school for
my child.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____