



LABBB Health Office at Lexington High School

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Sunscreen and Insect Repellent Order and Permission Form

Student name: _____ DOB: _____ Allergies: _____

Sunscreen and Insect Repellent Policy:

Parents are responsible for applying sunscreen and/or insect repellent on elementary school children. Staff are not permitted to apply sunscreen and/or insect repellent on children. In middle school and high school, students manage their own sunscreen/insect repellent. Exceptions are made for students that require assistance with application.

If you would like your child to apply our sunscreen & insect repellent products, please check the appropriate box(es) below. No physician's signature is required for use of our products. Parent permission is required.

SafeTec Sunscreen Lotion SPF 30 Cutter Skinsations Insect Repellent Spray

The below physician's order must be completed, along with parent permission, in order for the LABBB nurse to apply any alternative sunscreen or insect repellent product(s).

SUNSCREEN

Brand name: _____ SPF: _____ Route: topical Time(s): 15 min before sun exposure

INSECT REPELLENT

Brand name: _____ Route: topical Time(s): Prior to outdoor activity

Physician signature: _____ **Date:** _____

Physician printed name: _____

Physician phone: _____

Parent/Guardian Authorization:

I, the undersigned, give permission to the school nurse to apply the above topical medications as indicated by the prescribing physician. I understand that if my child is an elementary school student or if my child needs assistance applying sunscreen and/or insect repellent, only the school nurse may apply.

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____