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Affiliated with Gateway School, Carteret, NJ & Harbor School, Eatontown, NJ

2024-2025 School Year

Student Name: _____

Sunscreen Application Permission Slip

If you would like staff to apply or assist in applying sunscreen to your child during the school day, **please sign this consent form and provide sunscreen in a ZIPLOC bag LABELED with the student's name** in their backpack.

We ask that you apply sunscreen in the morning before the student arrives at school. We will reapply in the afternoon. The nurse will notify staff when it is appropriate to reapply sunscreen to students during extended time outdoors.

By signing below, I, Parent/Guardian Name, give permission for a staff member at Alpha School to apply or assist in applying the sunscreen I have provided to my child, Student's Full Name, in the afternoon during extended outdoor activities.

Parent/Guardian Signature: _____

Date: _____