



**LABBB Health Office at Lexington High School**

251 Waltham St. Lexington, MA 02421

Tel: 781-861-2400 ext 1009

Fax: 781-861-1351

Email: healthoffice@labbb.net

**Sunscreen and Insect Repellent Order and Permission Form**

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Sunscreen and Insect Repellent Policy:**

Parents are responsible for applying sun screen and/or insect repellent on elementary school children. Staff is not permitted to apply sun screen and/or insect repellent on children. In middle school and high school, students manage their own sun screen/insect repellent. Exceptions are made for students that require assistance with application. The below physician's order must be completed, along with parent permission, in order for the LABBB nurse to apply the product.

Sunscreen  (Check if applicable)

Brand name: \_\_\_\_\_ SPF: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s): \_\_\_\_\_

Insect Repellent  (Check if applicable)

Brand name: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s): \_\_\_\_\_

**Prescriber signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Prescriber printed name: \_\_\_\_\_

Prescriber phone: \_\_\_\_\_

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**Parent/Guardian Authorization:**

**By signing below, I understand that I am required to provide the sunscreen and/or insect repellent that is to be a on my child. 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. The sunscreen and/or insect repellent must be sent to school in the manufacturer's container that matches the above order and is clearly labeled with the child's name.**

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student signature (if over 18): \_\_\_\_\_

Date: \_\_\_\_\_