



**ZEELAND
CHRISTIAN
SCHOOL**

2025-2026 School Year

Sunscreen and/or Insect Repellent Consent

I/We request that _____ be allowed to

(student name)

self-carry and self-administer non-aerosolized (ideally, non-spray) sunscreen and/or insect repellent that they will take from home, for use during class trips, day camps, or overnight camps. I/We certify that I/we have legal authority to consent to medical treatment for the above named student, including the administration FDA approved over-the-counter topical substances at school. I realize I may withdraw my request/consent in writing at any time. My student will self-administer/self-carry their sunscreen and/or insect repellent. I agree that in order for them to do so, I will:

- Instruct my student to never share their medication, sunscreen, or insect repellent with another person.
- Have my student carry their sunscreen and/or insect repellent in its original, properly labeled over-the-counter container, on which will be written their name and date of birth.

Parent/Guardian Signature _____

Date ____/____/____