



Northwest Christian Schools

HEALTH SERVICES

5028 East Bernhill Road, Colbert, WA 99005

Email: healthoffice@nwcs.org

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SUNSCREEN REQUEST FORM

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

Brand of sunscreen: _____ SPF level: _____

Start date: _____ Stop date: _____

When to be applied: _____

Areas to apply sunscreen: _____ face _____ arms _____ legs _____ other

If other, please describe: _____

Is the above information consistent with the label on the sunscreen bottle? Yes No

Special instructions: _____

My child is able to self-apply sunscreen without assistance or supervision Yes No

I authorize NWC Staff to apply sunscreen on my child as directed above.

Parent/Guardian Signature: _____ Date: _____

Printed Parent/Guardian Name: _____ Phone: _____

Date sunscreen and/or form received by staff member: _____ Receiving staff initial: _____

Date sunscreen returned to parent/guardian: _____ Returning staff initial: _____

Teachers: if you or the student are not able to apply the sunscreen in the classroom, please send the student to the Health Room for assistance. **Thank you for your help!**