



Northwest Christian Schools

HEALTH SERVICES

5028 East Bernhill Road, Colbert, WA 99005

Email: healthoffice@nwcs.org

Telephone: 509-292-6700 x107

Fax: 509-292-6713

SUNSCREEN REQUEST FORM

Student Name: _____ Birthdate: _____

Brand of sunscreen: _____ SPF level: _____

Start date: _____ Stop date: _____

When to be applied: _____

* On sunny days, please apply sunscreen on your child prior to school drop-off *

Areas to apply sunscreen: face neck ears arms legs

Special instructions: _____

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

I authorize NWC Staff to apply and/or to help apply sunscreen on my child as directed above.

Parent / Legal Guardian Signature: _____ Date: _____

NWCS STAFF MEMBER CHECKLIST

Notify School Nurse, teachers, and staff members as appropriate

Receiving Staff Member: _____ Date: _____

Teachers: if the student is not able to have the sunscreen applied in the classroom, please send the student to the Front Office for assistance. **Thank you for your help!**