Parent/Guardian Hand Sanitizer Opt Out/Assistance with Self-Use

Dear Parent/Guardian,

This letter is to provide information related to the use of hand sanitizer and hand washing in our school. We are providing opportunities for more frequent hand washing with soap and water, and providing more opportunities to access hand sanitizer containing at least 60% ethanol or 70% isopropyl alcohol content, as recommended by the CDC.

We understand that the use of hand sanitizer may present some issues for your child.

Under the Department of Education’s Emergency Order regarding Regulation 817 Medications and Treatments, parents/guardians are not required to provide permission for their student to use hand sanitizer; however, a parent/guardian can indicate to the school they do not want their student using hand sanitizer or that their child may need assistance with self-use.

At our school, we will continue to establish a culture of hand hygiene by:

- Daily routines for students and staff to wash hands, especially at key times like after bathroom breaks, before lunch, or after playing outside.
- Providing hand sanitizers with at least 60% alcohol (as recommended by CDC) for teachers, staff, and students. Hand sanitizers may be placed near frequently touched surfaces (e.g. doors, shared equipment) and areas where soap and water are not readily available (e.g., cafeterias, classrooms, gyms).

---------------------------------------------------------------------------------------------------------------------

Hand Sanitizer Unable to Use or Assistance with Self-Use in Schools:

If your child is unable to use hand sanitizer for any reason, please fill in this portion of this form and it will be forwarded to your student’s school nurse.

My student, _____________________________, is unable to use hand sanitizer.

If your student needs assistance with applying hand sanitizer properly, please fill in this portion of this form and it will be forwarded to your student’s school nurse.

My student, ________________________________, may need staff assistance with self-use of hand sanitizer.

Parent/Guardian Name (please print) ____________________________

Parent/Guardian Signature_____________________________________

Date_________________________________

9/15/2020