

Sample Forms for Fulfilling the Requirements of the Healthy Schools Act

Sample letter explaining annual written notification and individual application registry: For Parents

Dear Parent or Guardian,

The Healthy Schools Act of 2000 was signed into law in September 2000 and requires that all schools provide parents or guardians of students with annual written notification of expected pesticide use on school sites. The notification will identify the active ingredient or ingredients in each pesticide product and will include the Internet address (<http://www.cdpr.ca.gov>) for further information on pesticides and their alternatives. We will send out annual notifications starting _____ [DATE] _____.

Parents or guardians may request prior notification of individual pesticide applications at the school site. Beginning _____ [DATE] _____, people listed on this registry will be notified at least 72 hours before pesticides are applied. If you would like to be notified every time we apply a pesticide, please complete and return the form below and mail it to:

[SCHOOL OFFICIAL, ADDRESS]

If you have any questions, please contact

[SCHOOL OFFICIAL]

at [PHONE]

Sincerely,

[NAME OF SCHOOL PRINCIPAL]

SAMPLE

Request for Individual Pesticide Application Notification

[NAME OF SCHOOL]

I understand that, upon request, the school district is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified before each pesticide application at this school.

I would prefer to be contacted by (check one): U.S. Mail ___ E-mail ___ Phone ___

Please print neatly:

Name of Parent/Guardian: _____ Date: _____

Address: _____

Day Phone:() _____ Evening Phone:() _____

E-mail: _____

Return to

[SCHOOL CONTACT NAME, ADDRESS]

Dear Parent or Guardian,

The Healthy Schools Act of 2000 was signed into law in September 2000 and requires that all schools provide parents or guardians of students with annual written notification of expected pesticide use on school sites. The notification will identify the active ingredient or ingredients in each pesticide product and will include the Internet address (<http://www.cdpr.ca.gov>) for further information on pesticides and their alternatives. We will send out annual notifications starting _____.

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If you have any questions, please contact

Sincerely,

Request for Individual Pesticide Application Notification

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I would prefer to be contacted by (check one): U.S. Mail ___ E-mail ___ Phone ___

Please print neatly:

Name of Parent/Guardian: _____ Date: _____

Address: _____

Day Phone:() _____ Evening Phone:() _____

E-mail: _____

Return to

Sample notice for specific pesticide application

Dear Parent or Guardian,

At your request, we are writing to notify you about a specific pesticide application(s) at your school. Please see below for detailed information. If you would like to see the Material Safety Data Sheet for this chemical, it is available at

[SCHOOL LOCATION]

If you have any questions, please contact

[SCHOOL DISTRICT REPRESENTATIVE NAME]

at [PHONE].

SAMPLE

Sincerely,

[NAME OF SCHOOL DISTRICT OFFICIAL]

Notice of Pesticide Application

Date Form Completed: _____

School Name: _____

Location of Planned Pesticide Application: _____

Building Name/Number: _____

Playground or Grounds Section: _____

Name of Pesticide To Be Applied: _____

Active Ingredient(s): _____

Planned Date/Time of Pesticide Application: _____

For more information regarding these pesticides and pesticide use reduction, visit the Department of Pesticide Regulation's Web site at <http://www.cdpr.ca.gov> and click School IPM.

Dear Parent or Guardian,

At your request, we are writing to notify you about a specific pesticide application(s) at your school. Please see below for detailed information. If you would like to see the Material Safety Data Sheet for this chemical, it is available at

If you have any questions, please contact

Sincerely,

Notice of Pesticide Application

Date Form Completed: _____

School Name: _____

Location of Planned Pesticide Application: _____

Building Name/Number: _____

Playground or Grounds Section: _____

Name of Pesticide To Be Applied: _____

Active Ingredient(s): _____

Planned Date/Time of Pesticide Application: _____

For more information regarding these pesticides and pesticide use reduction, visit the Department of Pesticide Regulation's Web site at <http://www.cdpr.ca.gov> and click School IPM.

Sample annual notification of planned pesticide use

Dear Parent or Guardian,

The Healthy Schools Act of 2000 requires all California school districts to notify parents and guardians of pesticides they expect to apply during the year. We intend to use the following pesticides in your school this year:

Name of Pesticide (Common Name)	Active Ingredient(s)

SAMPLE

You can find more information regarding these pesticides and pesticide use reduction at the Department of Pesticide Regulation's Web site at <http://www.cdpr.ca.gov>.

If you have any questions, please contact
[NAME OF SCHOOL DISTRICT OFFICIAL]
at [PHONE].

Dear Parent or Guardian,

The Healthy Schools Act of 2000 requires all California school districts to notify parents and guardians of pesticides they expect to apply during the year. We intend to use the following pesticides in your school this year:

Name of Pesticide (Common Name)	Active Ingredient(s)

You can find more information regarding these pesticides and pesticide use reduction at the Department of Pesticide Regulation's Web site at <http://www.cdpr.ca.gov>.

If you have any questions, please contact

WARNING PESTICIDE-TREATED AREA

ADVERTENCIA AREA TRATADA CON PESTICIDA

Name of Pesticide

Nombre del Pesticida

1 _____
2 _____
3 _____
4 _____

1 _____
2 _____
3 _____
4 _____

Manufacturer's Name; USEPA Registration No.

Nombre del Fabricante; No. de Registro de USEPA

1 _____
2 _____
3 _____
4 _____

1 _____
2 _____
3 _____
4 _____

Intended Application Date _____

Fecha Propuesta de Aplicacion _____

Application Date _____

Fecha de la Aplicacion _____

Treated Areas; Reason for Treatment

Areas Tratada; Razon de la Aplicacion

School Name:

Nombre de la Escuela:

ALWAYS BE SAFE

1. If you need more information ask

Name: _____

Title: _____

2. Do not play on the treated area
3. Wash your hands and exposed skin if you touch the treated area

- 1. Si necesita más información pregunte*

Nombre: _____

Título: _____

- 2. No juegue en el área tratada
3. Lávese las manos y la piel expuesta si usted toca el área tratada*

For record keeping only per Education Code requirement

Amount of Pesticide Used: _____