In accordance with Virginia State Licensing requirements, the following policies apply to the use of sunscreen and insect repellent while attending Prince William County Department of Parks and Recreation camps, playschool and before/after school programs.

1. Non prescription drugs and over the counter skin products shall not be kept or used beyond the expiration date of the product.
2. If sunscreen is used
   a. Written parent authorization noting any known adverse reactions shall be obtained
   b. Sunscreen shall be in the original container labeled with the child’s name
   c. Sunscreen does not need to be kept locked but shall be inaccessible to children under 5 years of age or those children in a therapeutic child day program
   d. Any center-kept sunscreen shall be hypoallergenic and have a minimum of SPF of 30
   e. Staff members may apply sunscreen, unless it is a prescription sunscreen, in which case it should be treated as medication
   f. Children nine years of age and older may administer their own sunscreen as supervised

TO THE PARENT:

Child’s Name: ____________________________ Age: ____________

☐ I give permission for my child to use sunscreen and/or insect repellent while attending the Prince William County Department of Parks and Recreation camps, playschool, before/after school programs. To my knowledge, my child has no known allergies or reaction to sunscreen or insect repellent.

☐ I give permission for my child to use sunscreen and/or insect repellent while attending the Prince William County Department of Parks and Recreation camps, playschool, before/after school programs. **However, at times the following adverse reactions may occur.**

☐ I do not give permission for my child to use sunscreen and/or insect repellent while attending the Prince William County Department of Parks and Recreation camps, playschool, before/after school programs.

☐ My child is authorized to use prescription sunscreen and/or insect repellent. I have provided the Department of Parks and Recreation program with the sunscreen in the original container.

__________________________
Parent Signature

__________________________
Date