



Sunscreen Authorization Form

Henrico Police Athletic League has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to:

_____ (child's name).

Product Name: _____

Known Adverse Reactions (if any):

- All Sunscreen products must:

- Must have a minimum sunburn protection factor (SPF) of 15.
- Be in the original container and labeled with child's name.
- Be used according to manufacturer's recommendation and instructions for application.
- Not be used beyond the expiration date.
- Children nine years and older may self-administer sunscreen if supervised.

Parent's Signature: _____ Date: _____