

Authority to Administer Nappy Cream, Sunscreen Cream & Mosquito Repellent (Medication Form: Non-prescription Medications)

IMPORTANT NOTES: FORM TO BE COMPLETED BY PARENT

This form is to give permission for the administration of Nappy Creams, Sun Screen Creams and Mosquito Repellents by the service. This form is not for the use for Prescription Medications.

Only the following creams and repellents are allowed on this form. If you wish to use another cream or spray, please complete the form "Medication Authority Form and Record."

Accepted Nappy Rash Creams using this form: Sudocrem Bay Cream, Am o Lin Baby Cream – Nappy Cream, Lucas Papaw Ointment Nappy Cream, Curash Baby Care Nappy Rash Cream, Destin Nappy Ointment, Bepanthen Nappy Rash Ointment, Johnsons Baby Nappy Cream, Moo Goo Nappy Balm, Danktozin Ointment – Nappy Rash, Vaseline Petroleum Jelly, Skin Basics – Soothing & Protection: Zinc & Castor Oil Cream (ONLY).

Sunscreen Cream using this form: Any sun protection product with an approved label for use by children.

Mosquito Repellent Sprays and Creams using this form: Product has an approved label for use by children. For example: Aero Guard Odourless Protection – 12 months of age and over. Other products accepted.

(Parent needs to review recommended age of child for use of product and provide permission for service to use).

The cream, spray and repellent is required to be in its original container bearing the original label with your child's full name on it and within the expiry date. Please do not cover product instructions.

Sick and ill children are not allowed to attend the service per our service policies.

Child's Full Name:		Date:
Product Name: (As per the above list)		
Application Amount Required:		
Method and Location (on Body) of Administration:		
Expiry Date of product:		
Product Labelled with Child Name:	Yes / No (Circle)	(This is required)

**I hereby agree that the above information is correct and authorise centre staff to apply the cream/spray as detailed above.

I acknowledge that it is my responsibility to inform the service **IN WRITING should any of the above details change.

**The cream/spray must be in its original packaging, clearly labelled with child's name and with instruction clearly stated.

**Staff cannot be held responsible for any reaction caused by the administration of this cream/spray.

Parent Signature: _____ **Date:** _____

<i>Office Use Only:</i>		
Educator Leader / Room Leader Signed:	_____	Date: ___ / ___ / _____
Centre Director: Copy in Child File	_____	Date: ___ / ___ / _____