

## *Nappy Cream Authorisation 2017*

I \_\_\_\_\_ give authorisation for staff at Numdaji Kwei Children's Centre to apply nappy cream when necessary to my child \_\_\_\_\_

Symptoms can include:

- Redness
- Inflamed skin
- Blistering

Other: \_\_\_\_\_.

Name of cream \_\_\_\_\_

Application instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

## *Eczema Cream Authorisation 2017*

I \_\_\_\_\_ give authorisation for staff at Numdaji Kwei Children's Centre to apply non prescribed eczema cream when necessary to my child \_\_\_\_\_

Symptoms can include:

- Redness
- Inflamed skin
- Itchiness

Other: \_\_\_\_\_.

Name of cream \_\_\_\_\_

Application instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

## *Insect Repellent Authorisation 2017*

I \_\_\_\_\_ request /authorise staff at Numdaji Kwei Children's Centre to apply my chosen insect repellent to my child \_\_\_\_\_ every time they go outside in the following months.

Name of repellent: \_\_\_\_\_

- January  February  March  April  May  June  July  August  September
- October  November  December

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that this form is only for over the counter creams if you have a medication cream which was prescribed by your doctor, you will need to complete a medication form**