

Application of Nappy Cream

Consent Form

Parents required to provide nursery with cream if required for your child. **Cream will be stored in nursery.**

Child Name: ………………………………………… D.O.B………………………………..

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

Conditions for administering cream during your child’s personal care –

 Only when a rash is present

 With every nappy change

 Other ………………………………………………………………………………………………

Possible side effects

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-prescription, over-the-counter creams will only be given according to the directions on the label. Creams/ointments not specifically meant for use in nappy area require permission from your child’s doctor.

(Pharmacist label on prescription medication indicates consent of health care provider)

I hereby authorise Sanquhar Nursery to administer the above creams as specified.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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