



Parental agreement for school to administer **occasional cream** during
the normal school day

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

Child's name	
Child's date of birth	

Name and strength of cream	
Amount to be used	
When to be administered	
Any other instructions	

Name of parent/guardian	
Daytime phone numbers	
Name and phone number of GP	

Authorisation:

I confirm that I have administered the above named cream without adverse effect to my child in the past.

I give consent to school staff to administer the above named cream in accordance with the school policy.

I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above named cream.

Signature: _____

Date: _____

For office use:

Agreed review date :