



FAMILY DAY CARE Authorisation to Administer Nappy Rash Cream, Sunscreen and Insect Repellent	
I authorise my Educator,	(Educator's name)
to administer the following to my child	(child's name):
• Nappy Rash Cream (non-steroid based):	(brand)
• Sunscreen:	(brand)
• Insect Repellent:	(brand)
I understand that my Educator cannot administer any other creams or medications to my child without:	
• a completed medication form	
• and written documentation from a health practitioner (doctor, naturopath, etc) for non-prescription medication and creams.	
I understand that I will need to complete another form if any of the brands listed above change.	
Parent Name:	
Parent Signature:	Date:



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