

NAPPY BARRIER CREAM AUTHORISATION FORM

Service Name: _____

Child Details

Child's Full Name: _____

Date of Birth: ____ / ____ / ____

Room/Group: _____

Product Details

Name of Barrier Cream: _____

Brand: _____

Dosage Instructions: _____

Expiry Date: ____ / ____ / ____

Product supplied by parent/guardian: Yes

Product clearly labelled with child's full name: Yes

Allergy and Health Information

Does your child have any allergies, sensitivities, or reactions to skin care products? No
 Yes (please provide details): _____

Parent/Guardian Authorisation

I authorise educators at the above service to apply the nappy barrier cream listed on this form to my child as part of routine nappy-changing and personal care practices.

I understand that:

- The cream will be applied in accordance with the manufacturer's instructions unless alternative written directions are provided.
- The cream is to be used for the prevention and management of minor skin irritation associated with nappy use.
- I am responsible for supplying the product and replacing it before its expiry date.
- I will notify the service in writing if I wish to change or withdraw this authorisation.

Parent/Guardian Declaration

I confirm that the information provided is accurate and that I give permission for educators to apply the above nappy barrier cream to my child in accordance with this authorisation.

Parent/Guardian Name: _____ Signature: _____

Date: ____ / ____ / ____ Contact Number: _____

Application Instructions

Apply at every nappy change.

Apply as required when redness or irritation is observed.

Other instructions: _____

Duration of Authorisation

This authorisation remains valid:

Until withdrawn in writing by the parent/guardian.

Until ____ / ____ / ____

For the current enrolment year and subject to annual review.

