



Permission for administering Eczema medication

Dear Parent(s) / Carer(s),

We have hand washing facilities with hand wash (liquid soap) for the children to use. Occasionally we get the children to clean their hands with baby wipes. If any of this is a problem for your child, then please advise us of your preferred hand washing method.

We also use face paints from time to time on the backs of hands and on the face, do you give permissions to use face paints on your child Yes / No.

Please complete and sign the form below and return to the office.

Name of Child DOB :

Part of body Eczema generally occurs
.....

Eczema medication to be used and the strength.....
.....

Medication Prescribed by (Name of Doctor)

When required
.....

How should this medication be stored.....

I hereby give permission for the staff at Richmond Pre-school to administer the above Eczema creams to, who I have parental responsibility for.

Signature Print Name

Date

OR

My child suffers with Eczema but does not require any treatment at pre-school.

Signature Print Name

Date

Please return this form with your child's medication including the box that it comes in and any leaflets about the medication. All medication must be clearly labelled with your child's name.