**Sudocrem Permission Form**

I authorise Reynella Community Children’s Centre Educators to administer Sudocrem to my child for the relief of nappy rash.

I understand that use of this medication will be used at the discretion of the Educator and the manufacturer’s instructions will be followed at all times.

I confirm that this medication has previously been used safely on my child and this authorisation is for ongoing use, as deemed required.

Child’s Name: ......................................................................................................

Parent’s Name: ....................................................................................................

Parent’s Signature: ..............................................................................................

Date: ....................................................................................................................