



Request for school to apply non-prescription creams and ointments

All creams and ointments must be clearly labelled with the pupils name.

Date	Name of Child/Young Person	Form	Date of Birth

Name of cream/ointment	Instructions (including where the cream should be applied and when)	Duration of Course

Signature..... Relationship to pupil.....

Date.....

You have the right to withdraw your consent at anytime. Please notify the office in writing.