

Consent Form – Application of Creams and Ointments



For use for pupils who require assistance with the application of creams/ointments for medical reasons.

(The body map must be completed by the parent/carer before any cream or ointment is applied at school)

Name of Pupil:.....Date of Birth:

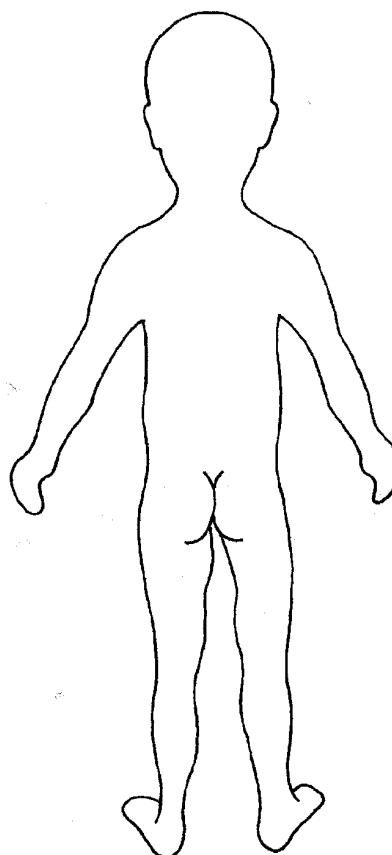
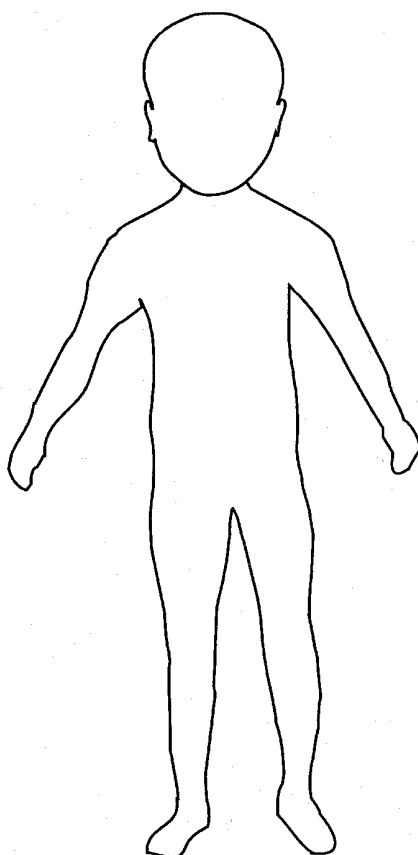
Class:

Name of Medication:

Reason for, and frequency of application:.....

.....
Name(s) of staff to apply prescribed cream/ointment:.....

Indicate on the body map below the affected areas where cream/ointment may require applying.



Parent/carer signature.....Date.....

Parent/carer name.....

