

Lake Macquarie Family Day Care  
 A Quality Education and Care Option for Our Community  
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**AUTHORISATION FOR PARACETAMOL, CREAMS AND LOTIONS**

Educators are to review this information with Parents every 12 months in January, and as changes occur.

Child name:  DOB

Educator name:

I (parent name)  authorise the application/administration of the following preparations to my child:

TYPE OF PREPARATION	SPECIFIC BRAND NAMES *	WHO TO SUPPLY
Hand sanitiser	<input type="text"/>	<input type="text"/>
Antiseptic cream/lotion/powder	<input type="text"/>	<input type="text"/>
Nappy cream/lotion/moisturiser	<input type="text"/>	<input type="text"/>
Teething gel	<input type="text"/>	<input type="text"/>
Sunscreen	<input type="text"/>	<input type="text"/>
Insect repellent	<input type="text"/>	<input type="text"/>
Wipes	<input type="text"/>	<input type="text"/>
Band-Aids	<input type="text"/>	<input type="text"/>
Paracetamol (only if child has fever 38°C or higher)	<input type="text"/>	<input type="text"/>
Antihistamine	<input type="text"/>	<input type="text"/>
Others (please specify)	<input type="text"/>	<input type="text"/>

**Parents please note:** Educators are not required to have all the above items.

\* Write "any" if the parent is willing for any brand name of a preparation to be used. Write "none" if the parent does not consent to a preparation being used.

My child has experienced adverse reaction to the following preparation/s:

Preparation	Type of reaction	Action needed
<input type="text"/>	<input type="text"/>	<input type="text"/>

I, the **Parent**, authorise that all the above information is true and correct. I will notify the Educator immediately if there are any changes and will amend the Authorisation as required.

Parent signature  Date

Parent signature  Date

Parent signature  Date

I, the **Educator**, will notify the parent if there is a change of brand for any of the above preparations listed as being supplied by me so that the parent may amend the Authorisation as required.

Educator signature  Date

Educator signature  Date

Educator signature  Date

The National Quality Framework – Chapter 4 – Operational Requirements, Education and Care Services National Regulation  
 'The information is being collected in compliance with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose for which it is being collected, in emergencies, or as otherwise required or authorised by law'.