



Unprescribed Cream

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education and Communities (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

This form is for **unprescribed** creams, (eg zinc) or lotions and is effective for six months i.e. January to July.

- only **one** medication can be listed on this form
- creams/lotions need to be in their original container
- a current photo of child must be supplied (school holiday care)
- all medication, creams/lotions must be within the expiry date if shown on the item

Child's name _____ Date of birth _____

Type and name of lotion/cream _____

Expiry date of lotion/cream _____

Part of the body where lotion/cream to be applied _____

Time cream/lotion to be applied _____

Reason for application of cream/lotion:

I give permission for educators from Campbelltown City Council's Education and Care Services to apply the above cream or lotion.

Parent/caregiver's name (please print) _____

Signature _____

Name of staff (please print) _____

Signature _____ Date _____

Expiry date of form _____
(6 months from signing date)

Child's full name				
Date	Name of cream/lotion	Time applied	Educator who administered	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

DATA AND DOCUMENT CONTROL

Revised Date: 06/05/2020
Review Date: 30/06/2022

Child's full name				
Date	Name of cream/lotion	Time applied	Educator who administered	Signature
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

DATA AND DOCUMENT CONTROL

Revised Date: 06/05/2020
Review Date: 30/06/2022

Child's full name				
Date	Name of cream/lotion	Time applied	Educator who administered	Signature
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				

DATA AND DOCUMENT CONTROL

Revised Date: 06/05/2020
Review Date: 30/06/2022