**Agosue Pty Ltd T/as**

**ABN: 61 136 901 374**

**CONSENT TO OVER THE COUNTER MEDICATIONS**

**YEAR \_\_2016\_\_\_\_\_\_\_\_ (this form to be renewed each year)**

 **CHILD’s NAME:** ………………………………

**PLEASE TICK RELEVANT BOXES TO INDICATE WHICH OF THE FOLLOWING PRODUCTS WE CAN USE ON YOUR CHILD IF NEEDED**

 YES NO

|  |  |  |
| --- | --- | --- |
| SALINE – Sterile salt water for cleansing wound rinsing sand Eyes etc. |  |  |
| STOP ITCH/STINGOSE – Temporary relief of itching from bites and stings |  |  |
| 30+ or 50+ SUNSCREEN – For protection from sunburn |  |  |
| PAW PAW CREAM – for chapped lips, nappy rash & insect bites |  |  |
| CALAMINE LOTIION – Relief of itching of insect bites |  |  |
| SORBOLENE – For dry skin |  |  |
| BANDAIDS – To keep wounds clean |  |  |
| PANADOL – For fever relief |  |  |
| CORN FLOUR – For sore bottoms caused by nappy rash |  |  |
| SUDOCREAM – For sore bottoms caused by nappy rash |  |  |
| ALCOWIPES – For cleansing wounds |  |  |
| BABY WIPES – For cleansing hands, faces & bottoms |  |  |

 **PARENT/CARER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PARENT/CARER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**