

Cottesbrooke Kids' Club

Consent Form for Treatment Box

Name of Child _____

Date of Birth _____

Class _____

I, _____ give consent for my child
_____ to use some or all of
the items listed below if they need to.

Please indicate Yes or No

Sudocrem	
Vaseline	
E-45 Cream	
Johnson's Talcum Powder	
Cotton Wool/Buds	
Baby Wipes	

Signed _____

Parent/Carer