

Permission to Use Diaper Cream/Ointment

My child, _____ may have diaper cream/ointment applied to his/her bottom at each diaper change if needed.

The name of the ointment is _____

Please list any adverse reactions: _____

I will provide a cream/ointment that will be placed in my child's cubby and will be marked with his/her name.

Expiration Date: _____

Signature of Parent _____