



Diaper Cream/Ointment Permission Form

For diaper rash prevention or treatment

Child's Name _____ Date _____

Name of ointment _____

- Condition for administering cream When rash is present
 With every diaper change
 Other

Possible side effects _____

Non-prescription, over-the-counter topical ointments will only be given according to the directions on the label.

Ointments not specifically meant for use in diaper area require permission from your child's doctor.
(Pharmacist label on prescription medication indicates consent of health care provider.)

*I hereby authorize **Mountain Lakes Country Day School** to administer the above creams as specified.*

Parent Signature _____ Staff Signature _____