

Diaper Changing Form

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|--------------------|-------------------------|
| Name: _____ | Birthdate: _____ |
|--------------------|-------------------------|



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|--|--|
| My child uses these brands of diapers | |
| If my child is out of diapers | |
| I do give the school permission to use any extra diapers | |
| I do NOT give the school permission to use any extra diapers | |
| When changing my child, I use this on their bottom | |
| <div style="display: flex; justify-content: space-between;"> Powder AD Ointment Vaseline </div> <div style="display: flex; justify-content: space-between;"> Butt Paste None _____ </div> | |
| I do give the school permission to use Vaseline or AD Ointment if my child is out | |
| I do NOT give the school permission to use Vaseline or AD Ointment if my child is out | |

Parent/ Guardian Name _____

Signature _____ **Date** _____