



Permission to Apply Diaper Ointment or Cream

Complete and submit the following form if you would like your child to have diaper ointment or cream applied during diaper changes. Staff will do their best to apply the product as requested.
****Before sending any product to school, it should be applied at least once at home to test for an allergic reaction.**

Child's Name: _____ **Child's DOB:** _____

I, the Parent/guardian of the above named child, give permission to the Staff of Village Early Childhood Center to apply the following topical diaper ointment or cream to my child. I understand that it is my responsibility to provide the Center with the product as listed below, labeled with my child's name.

Name of Diaper Ointment or Cream: _____
(specific product name must be listed)

Apply the following amount of ointment or cream:

- Thick Coating
- Thin Coating

Apply the product at the following times:

- When skin in diaper area is red
- When rash is present in diaper area
- After each bowel movement
- With each diaper change

Parent/Guardian Name: _____

(Parent/Guardian Signature)

(Date)

This consent expires one year after the date it was signed unless otherwise noted.