



# Chittanooga Child Care Center, Inc.

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## Authorization for Use of Over-the-Counter Diaper Cream

I give permission to the providers of Chittanooga Child Care Center to use the following diaper cream that I provide with my child:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Diaper Cream: \_\_\_\_\_

This form is updated every 6 months. If you bring in a new brand of diaper cream, a new form must be filled out. Prescription diaper creams require a written medication consent form that must be signed by your doctor. Forms are available in the office.

**PARENTS: NO DIAPER CREAM WILL BE USED UNLESS IT IS CLEARLY LABELED WITH YOUR CHILD'S NAME & IN THE ORIGINAL CONTAINER.**

Although not mandatory, we recommend that you get a physician's approval before providing any of the above use with your child.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_