Permission to Apply Non Medical Diaper Ointments and Other Lotions/Creams

Child's Name; _____

I, the parent/guardian of the above-named child, give permission for the staff of Little Woodland Preschool to apply the following topical diaper ointment or other lotion/cream that I have provided for my child.

Name of diaper ointment or other lotion/cream:

_____

Apply the following amount of diaper ointment or other lotion/cream:

___ **thick** coating

___ **thin** coating

Apply at the following times:

___ when skin in diaper area is red

___ when rash is present in diaper area

___ After every diaper change

Parent Signature _____ Date: _____