

DIAPER CREAM or TOPICAL CREAM/OINTMENT PERMISSION FORM

Name of child: _____

Name of medication: _____

Classroom: _____

I, _____, give the staff at The Children's Workshop permission to use the topical medication listed above on my child for a diaper rash or other skin condition. I have used this product previously without any adverse reaction to my child's skin.

Instructions from Parent Regarding Application/Notes:

Parent's/Guardian's Signature: _____ Date: _____

Topical Cream/Ointment must be provided by parent.

A SEPARATE FORM MUST BE FILLED OUT FOR EACH CHILD