
PERMISSION TO ADMINISTER DIAPER CREAM

Brand Name:

Expiration Date:

Dates to be given (up to 12 months):

From _____ to: _____

Child's Name:

Diaper Cream should be used:

- _____ Each Diaper change
- _____ When diaper area appears red
- _____ When rash appears

Diaper Cream should be applied:

- _____ Small amount for rash or redness
- _____ Liberally, to cover diaper area

Permission to administer:

- _____ On Medical Report,
- _____ Medical Note
- _____ Other: _____

Parent's signature

Date