



Authorization To Apply  
Diaper Rash  
Ointments Creams

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, The parent/guardian of the above named child, give permission for the staff of  
Rising Stars Bilingual Learning Center to apply the following topical diaper ointment/ cream that I  
provided for my child.

Name of the diaper cream: \_\_\_\_\_  
(specific name of cream must be listed)

Apply the following amount of ointment or 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 each bowel movement  
\_\_\_\_\_ with each diaper change

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date