



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