



Permission to Administer Diaper Cream/Ointment

Item must be provided in its original container and labeled clearly with child's name.

Child's Name: _____

Name of Ointment: _____

Expiration Date: _____ Amount to Apply: _____

From: ____/____/____ To: ____/____/____ *Permission may be given for up to 12 months*

Apply to:

Diaper area Other: _____

When:

After bowel movement After each diaper change

Other: _____

I give permission to the Legacy Center to apply the diaper cream listed above as instructed.

Parent Signature

Date