

**Diaper Cream Authorization**

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_'s  
teacher/aide to apply diaper cream throughout the day, for preventative care  
only. If a rash is present, a doctor's authorization is required.

\* Please list any/all special instructions and medications below.

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\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date