

## Permission to Apply Diaper Ointments or Creams

Children's Discovery Center

Raleigh, NC 27606

(919) 851-0630 FAX: (919) 851-0434

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

I, the parent/guardian of the above-named child, give permission for the staff of Children's Discovery Center to apply the following topical diaper ointments/creams that I have provided for my child:

Name of Diaper Ointment or Cream:

Apply the following amount of diaper ointment or cream:

\_\_\_ Pea-size dab

\_\_\_ Dime-size dab

\_\_\_ Quarter-size dab

At the following times:

\_\_\_ When skin in diaper area is red

\_\_\_ When rash is present on skin in diaper area

\_\_\_ After bowel movement

\_\_\_ Other: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.

**1 Year Expiration**