



DIAPER CREAM AUTHORIZATION FORM

I, _____, authorize the application of a diaper cream product which I will provide in its original container and labeled with my child's name.

Student's name: _____
Diaper cream brand: _____ Expiration Date: ____/____/____

Any Adverse Reactions to diaper cream products?

_____ No

_____ Yes, (explain in detail) _____

Parent's Signature: _____

Date: _____