



## 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: \_\_\_\_\_