



彩虹双语幼儿园

Diaper Cream/Ointment Authorization Form

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| Child's Name: | Date of Birth: |
| Name of Cream or Ointment: | |
| Start Date: | Stop Date: |
| Apply topically: <input type="checkbox"/> when rash is present <input type="checkbox"/> with every diaper change <input type="checkbox"/> other: | Amount to be applied: |
| Possible side effects: | <input type="checkbox"/> Above information consistent with label? |
| Special Instructions: | |

I authorize the use of the diaper cream on my child.

Parent/Guardian Signature

Date