



Permission to Apply Diaper Ointments/ Creams

Child's Name _____

I, the parent/guardian of the above named child, give permission for the staff of Knightdale UMC Preschool to apply the following topical diaper ointment/cream that I have provided for my child.

Name of diaper ointment or cream: _____

(specific name of cream must be listed)

Apply the following amount of ointment or cream:

_____ thick coating _____ thin coating

Apply at the following times:

_____ when skin in diaper area is red

_____ when rash is present in diaper area

_____ after each bowel movement

_____ with each diaper change

Other (please be specific in the explanation)

Parent's Signature

Date

This consent expires 1 year after the date it was signed