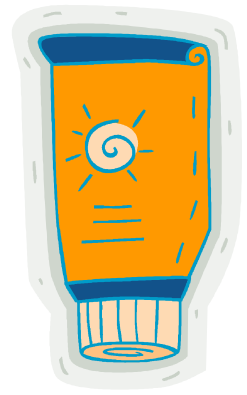


# Permission to Apply Diaper Ointments or Creams



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

I, the parent/guardian of the above named child, give permission for the staff of Widewaters Learning Center 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  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

This consent expires 1 year after the date it was signed