



Permission to Administer Diaper Cream/Ointment

Item must be provided in its original container and labeled clearly with the child's name.

Child's Name: _____

Name of Ointment: _____

Expiration Date: _____ Amount to Apply: pea-size quarter-size

From : _____ / _____ / _____ To: _____ / _____ / _____ *Permission may be given for up to 12 months*

Apply to:

diaper area other (specify) _____

When:

after a bowel movement after each diaper change

other(specify) _____ We cannot accept "as needed"

I give permission to The Legacy Center to apply the diaper cream listed above as instructed.

Parent/Guardian Signature

Date



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