

# Diaper Cream Request Form

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

Brand of Diaper Cream \_\_\_\_\_

Dates For Administration \_\_\_\_\_ To \_\_\_\_\_

Times for Administration \_\_\_\_\_

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I give permission to apply diaper cream to my child as indicated above.

\_\_\_\_\_  
Parent Signature and Date

