



Diaper Cream or Topical Cream/Ointment Permission Form
(Parent Provided)

Child's Name: _____ Classroom: _____

I, _____, give the staff at The Children's Workshop & Child Care
Parent's Name

Connection permission to use _____ on my child for diaper rash or
Product Name

other skin condition from _____ to _____. I have used this product previously
date date

without any adverse reaction to my child's skin.

Instructions From Parent Regarding Application/Notes _____

Parent's Name

Date

*****A SEPARATE FORM MUST BE FILLED OUT FOR EACH CHILD****