



## Preventative Diaper Cream Permission Slip

I give permission for diaper cream to be applied to my child,  
\_\_\_\_\_, for preventative care.

Child's Name

I understand that if my child's diaper area were to become red or irritated in any way, a doctor's note (medication authorization form) must be provided in order to continue to the use of any diaper cream.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date