**Diaper Cream Administration Form**

* I authorize the staff of Riverhouse Children’s Center to apply diaper cream to my child as needed. Yes\_\_\_\_\_ No\_\_\_\_\_
* I authorize the staff of Riverhouse Children’s Center to apply diaper cream to my child with every diaper change. Yes\_\_\_\_ No\_\_\_\_
* I understand that it is my responsibility to provide diaper cream.

Riverhouse Children’s Center will only apply diaper cream provided for your child. Initial \_\_\_\_

* I understand that Riverhouse Children’s Center staff cannot apply diaper cream to broken skin without a completed copy of the *Permission for Medication Administration Form*, which includes a doctor’s authorization/ signature.
 Initial \_\_\_\_\_

Name of Diaper Cream Provided by Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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