

Diaper Cream/Ointment Authorization Form

Child Care Facility Name:

Parent/Guardian permission is required for all diaper cream or diaper ointment application. The child care follows these guidelines regarding diaper cream and diaper ointment:

1. Acceptable diaper creams/ointments will be in compliance with **WAC 170-295-3060**; will be over the counter or prescription only, and will list the active ingredients. Diaper creams and ointments are considered a medication. Homemade or herbal remedies are not accepted.
2. Diaper cream/ointment will only be applied to the area listed below.
3. Diaper cream/ointment will be provided by parents child care
4. If diaper cream/ointment is provided by parents, please label with child's first and last name.

Please provide the following information:

Child's Name:	
Date of Birth:	
Name of Diaper Cream/Ointment:	
Reason for Diaper Cream/Ointment:	
Where to Apply:	How Frequently to Apply:
Active Ingredient(s):	
Medication Start Date:	Medication Stop Date:
Authorization Form Filled Out on:	Authorization Expires: (6 months from start.)
Comments or specific information (such as possible side effects, areas to avoid when applying diaper cream, etc):	

I authorize the use of the above diaper cream/ointment on my child. I understand that this cream will be applied to my child as indicated on this form.

Parent/Guardian Signature:	Date:
Daytime Phone Number:	

See back of form

Diaper Cream/Ointment Application Record

Child's Name:

Name of Diaper Cream/Ointment to Be Used:

<i>Date</i>	<i>Time</i>	<i>Initials</i>	<i>Date</i>	<i>Time</i>	<i>Initials</i>	<i>Date</i>	<i>Time</i>	<i>Initials</i>

List any notes or side effects below. Notify parent/guardian immediately.

Signatures (and initials) of staff applying diaper cream:

_____ ()	_____ ()
_____ ()	_____ ()
_____ ()	_____ ()