CCYC Diaper Rash Cream/Ointment Application Authorization and Record

Month:_____ Year:_____

Child's Name:_____ Dates of Authorization:_____

Name of Cream/Ointment:_____ Dosage amount:_____

Reason to be given to child:_____ Time to be given:_____

Expiration Date of Cream/Ointment:_____

All medication must be in the original container, complete with administration instruction, intact label, be age appropriate and be labeled with the child's first and last name. This authorization is valid for a maximum of one month and then must be reauthorized for all future dates. Medication must be recorded every day they are administered. IF a medication is not administered for any reason you must make a note as to the reason it was not administered.

I authorize the Creative Center for Young Children staff to administer this medication to my child.

_____

Signature of Parent   **Date**

Date	Time	Reason	Initials	Time	Reason	Initials	Time	Reason	Initials	Time	Reason	Initials	Time	Reason	initials
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Staff signatures (&Initials) applying cream/ointment

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

Reason Key

G=> Given
A=> Absent
P=> Picked up early
N=> No rash, redness or spots visible
O=> Out of Cream/Ointment