

CCYC Diaper Rash Cream/Ointment Authorization

Child's Name: _____

Name of Diaper Rash Cream/Ointment: _____

Reason to be giving to Child: _____

Dosage Amount: _____ Time to be given: _____

Expiration Date of Diaper Rash Cream/Ointment: _____

All medication must be in the original packaging, complete with administration instructions, intact label, be age appropriate, and be labeled with the child's first and last name. This authorization is valid until the diaper rash cream/ointment's expiration date, the child no longer requires the product, or the product is used to its entirety. Application of the diaper rash cream/ointment will be recorded in the ProCare app with each diaper change. If the diaper rash cream/ointment is not applied that will be recorded in the comments section of the diaper change record.

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

Signature or Parent/guardian

Date