



## Diaper Rash Cream Permission Form

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

As the parent or guardian of the child named above, I give permission for the staff at Golden Acorn Academy to apply diaper rash cream to my child as needed, when s/he shows signs of diaper rash.

I have checked and / or indicated below my choices regarding the use of diaper rash cream:

- I allow Golden Acorn Academy Preschool staff to apply the school's diaper rash cream if needed.
- I will supply the diaper rash cream for the above named child that should be used as directed.
- I choose not to allow Golden Acorn Academy Preschool staff to apply diaper rash cream to the above named child.

Parent Name: \_\_\_\_\_

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