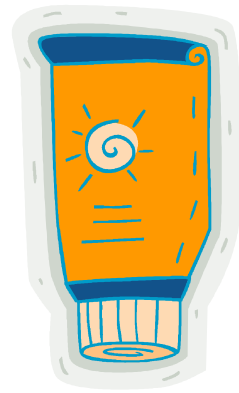


Permission to Apply Diaper Ointments or Creams



Child's Name _____

I, the parent/guardian of the above named child, give permission for the staff of Widewaters Learning Center to apply the following topical diaper ointment/cream that I have provided for my child.

Name of diaper ointment or cream _____
(specific name of cream must be listed)

Apply the following amount of ointment or cream:

- _____ thick coating
- _____ thin coating

Apply at the following times:

- _____ when skin in diaper area is red
- _____ when rash is present in diaper area
- _____ after each bowel movement
- _____ with each diaper change
- _____ _____

Parent's Signature

Date

This consent expires 1 year after the date it was signed