



Diaper Cream Authorization Form

Child's Name _____ DOB _____

Name of Ointment _____

To Be Applied _____

Effective Date _____ Expiration Date _____

This form must be updated every six months.

I understand that it is the responsibility of the parent to maintain an adequate supply of diaper rash cream at Capital Kids. Provided ointment is for the above specified child ONLY and may not be shared with any other children including siblings.

By signing below I grant permission for Capital Kids, Inc. staff to apply the above noted ointment at times stated above.

Parents Signature _____ Date _____

Printed Name _____