

Les Petits Angels

Infant.Toddler.Preschool Daycare



Child's Name _____ Parent/Guardian Name _____

Diaper ointment/ Cream Authorization

I give my permission for the staff at Les Petits Angels Daycare to apply over the counter diaper rash ointment/cream to my child. I understand diaper rash ointment/cream will not be applied to any broken skin or if a skin reaction has been observed, if a skin reaction is observed following of the sunscreen application by staff, the parent/ guardians will be notified promptly.

I have checked my choices regarding the type and application of sunscreen

I will supply diaper rash ointment/cream for my child to be used as directed on the product container. I understand that the product container must be labeled with my child's name.

I do NOT want diaper rash ointment/cream applied to my child.

Parent/ guardian signature _____ Date _____