



Minnieland Private Day School, Inc.

DIAPER OINTMENT PERMISSION FORM

Child's Name _____ Date _____

Class _____

- This form should not be used for prescription diaper ointment. MAT training is required before applying prescription diaper ointment, therefore we will not be applying it at the center.
- Diaper ointment will be administered in accordance with the parent's written consent. This form should be updated annually or as the product changes.
- Diaper ointment will be administered according to the product label.
- Diaper ointment must be in the original container with the product label or direction label attached.
- Diaper ointment must be labeled with the child's first and last name.

I have received the ointment from the parent and reviewed the above policies with them. Caregiver's Signature _____

Minnieland Private Day School has my permission to administer the following diaper ointment on my child:

Ointment Name : _____

Expiration Date of Ointment: _____

Dosage to be applied: _____

Frequency of application: _____

This authorization is effective until: _____ (Please write in date)

Special Instructions: _____

Parent or Guardian Signature: _____

Adverse Reactions: _____ Date: _____

Comments/Errors: _____ Date: _____