Ashburn Village Country Day School

Diaper Ointment/Lotion Permission Form

Child's Name:		Date: _	
Class:			
 This form should not be used for prescription diaper ointment/lotion. Diaper ointment/lotion will be administered in accordance with the parent's written consent. This form should be updated every six (6) months or as the product changes. Diaper ointment/lotion will be administered according to the product label. Diaper ointment/lotion must be in the original container with the product label or direction label attached. Diaper ointment/lotion must be labeled with the child's first and last name. 			
Ashburn Village Country Da ointment on my child:	ay School has my p	ermission to adminis	ster the following
Type of Ointment:	Skin Lotion	Diaper Cream	
Brand / Name of Ointment:			
Dosage to be Applied:			_(Please be specific)
Frequency of Application: _			_(Please be specific)
Any adverse reactions to this	s ointment:		
Comments:			
Parent or Guardian Signature	e:		

Authorization is effective until: _____ (no longer than 6 months)