

Shasta Head Start Child Development, Inc.

DIAPER OINTMENT PERMISSION FORM

Name of Child: _____

I understand that Shasta Head Start staff will apply diaper cream/ ointment with my permission. Staff will not apply diaper cream/ ointment if skin is broken.

Check all that apply:

_____ I do not know of any allergies my child has to diaper ointment.

_____ My child is allergic to some types of diaper ointment.
If applicable, please list type of diaper cream/ ointment child is allergic to: _____

_____ The brand of diaper ointment I am bringing in for staff to apply to child (For example: A & D, Zinc Oxide, Bag Balm, etc.) is: _____

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

(This form is good for one year from date signed)