



Northwest Christian Schools Early Learning Program
Diaper Cream Authorization Form

Child's Name: _____ Date of Birth/Age: _____

Name of diaper cream: _____

Reason for diaper cream: _____

Start date: _____ Stop date: _____

When to apply: _____
(Can not say "as needed")

Amount to be applied: _____

Possible side effects: _____

Is above information consistent with the label on the diaper cream bottle _____

Special instructions: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Daytime Phone Number _____

**Please fill out and put in a Ziplock bag with the diaper cream.
Please label bag and cream tube.**

***This form needs to be filled out and returned every 6 months**

Medication was returned to parents or discarded: _____ (Must be completed after stop date and before filing for in child's file)
Date