

## Permission to apply Diaper Cream

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_, give the staff of Temple Beth Hillel-Beth El permission to apply \_\_\_\_\_ (product name) on my child for diaper rash or to prevent diaper rash. I have used this product previously without any adverse reaction to my child's skin.

Special instructions or notes \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date