MVP
PRESCHOOL & INFANT CENTER

DIAPER RASH CREAM / OINTMENT AUTHORIZATION

To administer diaper rash cream or ointment, Mesa Verde Preschool & Infant Center must have this completed authorization form on file.

- Be in its original container
- Be labeled with your child's full name
- Be provided by the parent/guardian
- Have been used by the child previously without an adverse reaction

CHILD INFORMATION

Child's Name: _____

Date of Birth: _____ Today's Date: _____

CREAM/OINTMENT INFORMATION

Name of Cream/Ointment: _____

Expiration Date of Cream/Ointment: _____

Apply Beginning: _____ Apply Until: _____

Possible Side Effects: _____

☐ No known side effects

If Side Effects Occur, Staff Should: _____

_____

HOW OFTEN SHOULD THIS BE APPLIED?

☐ After every diaper change ☐ Only when redness or irritation is observed ☐ Other: _____

PARENT/GUARDIAN AUTHORIZATION

I authorize Mesa Verde Preschool & Infant Center staff to apply the diaper rash cream or ointment listed above to my child according to the directions provided on this form.

I certify that:

- My child has previously used this cream or ointment without an adverse reaction.
- The cream or ointment is provided by me in its original container and is clearly labeled with my child's name.
- I will notify the preschool if this authorization should be changed or discontinued.

I understand this authorization is valid only for the dates listed on this form unless revoked in writing.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Signature: _____ Date: _____

Primary Phone: _____ Secondary Phone: _____