

Concord University Child Development Center

**Consent for Diaper Ointment**

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

I have provided the following topical ointment/lotion, which the Center has my permission to administer according to the specific guidelines on the container or written instructions I have provided. I understand that this general permission slip is in lieu of a daily consent form.

Diaper ointment/lotion: \_\_\_\_\_

Instructions: \_\_\_\_\_

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

Parent's signature: \_\_\_\_\_

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