KIDDIE COUNTRY DEVELOPMENTAL LEARNING CENTER
Kiddie Country II: 9601 Old Keene Mill Road, Burke, VA 22015 Phone: 703-644-0066 Fax: 703-644-0073

PARENT PERMISSION FOR DIAPER CREAM OR OINTMENT APPLICATION AND RECORD OF USE / REACTIONS

I give permission for a Kiddie Country staff member to apply parent provided nonprescription diaper cream or ointment _____

to my child _____ .
Child's Name

I agree to furnish this product in the original container and I will label the container with my child's name.

Please list any known adverse reactions:

_____

_____

Please indicate frequency of application/use: As needed _____ Other _____

Expiration Date (if any) _____

Please note: All nonprescription drugs and over-the-counter skin products shall be used in accordance with the manufacturer's recommendations. Nonprescription drugs and over-the-counter skin products shall not be kept or used beyond the expiration date of the product.

_____ _____
PARENT SIGNATURE ***DATE***

Kiddie Country staff responsible for administering diaper cream or ointment: Review expiration date; record below -- date, time of application, and document any adverse reactions; notify parents of adverse reactions immediately.

Adverse Reactions: _____

Parent Notified: _____ _____ _____
Date ***Time*** ***Staff Initial***

Date	Time	Adverse Reactions (if any)	Staff Initial

RV 2/18

DIAPER CREAM/OINTMENT RECORD OF USE/REACTIONS (Continued)

Child's Name ______________________________

Kiddie Country staff responsible for administering diaper cream or ointment: Review expiration date; record below -- date, time of application, and document any adverse reactions; notify parents of adverse reactions immediately.

Adverse Reactions: ______________________________

Parent Notified: ______________ ______________ ______________

Date *Time* *Staff Initial*

Date	Time	Adverse Reactions (if any)	Staff Initial