



**Vivian Olum Child Development Center
Authorization to Apply Non-medicated Diaper Cream**

Please apply _____ to diaper area on my child, _____
(Name of diaper cream provided)
as needed.

_____ I do not require written documentation of diaper cream applications.

_____ Please give written documentation of diaper cream applications.

Other notes: _____

Parent Signature: _____ Date: _____