

**ST. LUKE'S DAY SCHOOL  
PARENT PERMISSION FOR APPLICATION OF DIAPER CREAM**

Child: \_\_\_\_\_ Classroom: \_\_\_\_\_

Name of Product: \_\_\_\_\_  
\_\_\_\_\_

Apply this product (time of day) \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

I have provided the above product(s), labeled with my child's name, and authorize the teachers to apply this product to my child as described above. I understand that teachers will note when diaper cream is applied on the child's daily note.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_