

## Diaper Cream/Ointment Authorization Form

Child's Name:	Date of Birth/Age:					
Name of Medication:	Expiration Date://					
Start Date://	Stop Date: (up to 12 months after 'Start Date')					
Times to be applied:  ☐ when rash is present ☐ with every diaper change ☐ other:	Amount to be applied:					
Possible side effects:	☐ Above information consistent with label*?					
Special Instructions:  Reason for medication: For diaper rash pre Route: Topical Storage: Room temperature	vention or treatment					
I authorize the use of the above diapo	er cream/ointment on my child.					
Parent/Guardian Signature	Date					
Health Care Provider Signature**	Date					
Health Care Provider Phone Number						

<sup>\*\*</sup> Necessary only for diaper creams/ointments not labeled for use in the diaper area. (Pharmacist label on prescription medication indicates consent of health care provider.)



<sup>\*</sup> Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.

## Diaper Cream/Ointment Application Record

(Must be filled out by the person who applies the cream/ointment)

Child's Name:

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