
Blanket Permission Medication Form for Diaper Cream & Sunscreen

Child's Full Name: _____ **DOB:** _____

Diaper Cream

Diaper Cream Brand/Name: _____

Dates to be used (max. one year) from: ____/____/____ to ____/____/____

Please select from one of the following amounts to administer the diaper cream:

Amount to apply: (select one)

- Pea-sized amount
 Dime-sized amount
 Quarter-sized amount

Please select from one of the following times to administer the diaper cream:

Times to apply: (select one)

- Whenever redness occurs
 Whenever rash is present
 At every diaper change

Parent Signature: _____ Date: _____

Sunscreen

Sunscreen Brand/Name: _____

Dates to be used (max. one year) from: ____/____/____ to ____/____/____

Instructions: Please apply the above named sunscreen on my child to cover and protect his/her exposed skin before going outside to play.

Additional Notes:

Parent Signature: _____ Date: _____