



# Parent Consent for Application of Diaper Rash Cream or Sunscreen Medication at School



Site: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

I hereby authorize school staff to apply  **diaper rash cream** and/or  **sunscreen** to my child.

Product name: \_\_\_\_\_ Product Expiration Date: \_\_\_\_\_

I have used this product previously without any adverse reaction to my child's skin.

✓ Application begin date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

✓ List possible side effects of the diaper rash cream or sunscreen:  
\_\_\_\_\_

✓ Parent Instructions for applying diaper rash cream or sunscreen:  
**Diaper Rash Cream:**  when rash is present  with every diaper change  
 other: \_\_\_\_\_

**Sunscreen:**  before going outside  other: \_\_\_\_\_

✓ For medical or other reasons, do not apply sunscreen to the following areas of my child's body:  
\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Staff

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Staff

**A new consent form is completed every school year or when product is changed.**  
**Each application of diaper rash cream or sunscreen must be documented on the medication treatment log.**



# Parent Consent for Application of Diaper Rash Cream or Sunscreen Medication at School



## NOTICE OF CHANGE IN STAFF

Name of Child: \_\_\_\_\_ Site: \_\_\_\_\_

### STAFF RESPONSIBLE FOR APPLICATION OF DIAPER RASH CREAM OR SUNSCREEN ON THIS CHILD:

(Requires at least 2 site staff to be responsible)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Staff

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Staff

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Staff

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Staff

**Parent/guardian has been notified of change in staff for application of diaper rash cream or sunscreen on this child.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian