



Diaper Cream/Ointment/powder/chapstick Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	
Start Date:	Stop Date: (up to 6 months after 'start date')
Apply topically: <input type="checkbox"/> when rash is present <input type="checkbox"/> with every diaper change <input type="checkbox"/> other:	Amount to be applied:
Have used cream at home before Yes No	
Possible side effects:	<input type="checkbox"/> Above information consistent with label?
Special Instructions:	

Cream will be stored at room temperature.

Parent/Guardian Signature

Date

Daytime Phone Number