

DIAPER & OINTMENT FORM

Child's Name: _____

Classroom/Teacher: _____

Crème de la Crème uses national brand diapers, pull-ups and wipes. Please indicate if your child is allergic to any diapering products and note alternatives:

Diaper Size: _____ Pull-up Size: _____

I grant Crème de la Crème permission to use national brand diapering products or alternative products as noted above on my child.

Parent Signature: _____ Date: _____

I grant Crème de la Crème permission to apply diaper ointment as needed.

Parent Signature: _____ Date: _____

Please indicate if your child is allergic to diaper ointment and note alternative:

Additional Comments:
