



Robert E. Simon, Jr.  
Children's Center

## Consent for Diaper Ointment and Lotion

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Robert E. Simon, Jr. Children's Center has my permission to administer the following topical ointments/lotions according to the specified guidelines. I understand that this general permission slip is in lieu of a daily consent form.

• Diaper Ointment: \_\_\_\_\_

To Be Administered: \_\_\_\_\_

• Lotion: \_\_\_\_\_

To Be Administered: \_\_\_\_\_

• Sunscreen: \_\_\_\_\_

To Be Administered: \_\_\_\_\_

• Miscellaneous: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Parent's Signature \_\_\_\_\_