ISA DIAPER CREAM/OINTMENT PERMISSION FORM

Child's First and Last Name: ______________________________________________

Date: ____________________________      Class: ______________________________

Name of Ointment/Cream: ________________________________________________

Condition for administering product: _____ When rash is present
                    _____ With every diaper change
                    _____ Other (please explain):

Possible side effects: _______________________________________________________

This form is intended for over the counter, non-prescription creams/ointments. If your child’s cream/ointment is prescribed by your child’s pediatrician, or medical professional, a MEDICAL CONSENT form must be filled out.

I, _______________________________, hereby authorize INTERNATIONAL SCHOOL OF ARIZONA to administer the above creams/ointments as specified. I have properly labeled the cream/ointment with the child’s first and last time on the product listed above for use during the 2021-2022 school year.

___________________________ ____________________________
Parent/Guardian Signature  Director of Licensing