



# 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 name on the product listed above for use during the 2021-2022 school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Director of Licensing

