



## Diaper Cream/Ointment Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	Expiration Date: ____ / ____ / ____
Start Date: ____ / ____ / ____	Stop Date: (up to 12 months after 'Start Date') ____ / ____ / ____
Times to be applied: <input type="checkbox"/> when rash is present <input type="checkbox"/> with every diaper change <input type="checkbox"/> other:	Amount to be applied:
Possible side effects:	<input type="checkbox"/> Above information consistent with label*?
Special Instructions:	

Reason for medication: For diaper rash prevention or treatment

Route: Topical

Storage: Room temperature

I authorize the use of the above diaper cream/ointment on my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider Signature\*\*

\_\_\_\_\_  
Date

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (only if prescribed)

Health Care Provider Phone Number

\* Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.