

Permission Slip for Applying Diaper Cream

| I give permission for SYJCC staff to apply diaper cream to my child. I understand that I must provide the |
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| diaper cream, labeled with my child's first and last name. I request that diaper cream be applied as indicated below: |
| Please apply diaper cream at every diaper change. |
| Please apply diaper cream only when my child has a rash. |
| Child's Name: |
| Parent/Guardian Name: |
| Parent/Guardian Signature: |
| Data |