

# Robert J. Wilf **PRESCHOOL & KINDERGARTEN**



@ the Kaiserman JCC

## Permission to apply diaper cream

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

I, \_\_\_\_\_, give the staff of the Robert J. Wilf Preschool & Kindergarten permission to apply \_\_\_\_\_ (product name) on my child for diaper rash or to prevent diaper rash. I have used this product previously without any adverse reaction to my child's skin.

Any specific instructions or notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date