Diaper Cream/Ointment Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	**Expiration Date:** ___/___/___
Start Date: ___/___/___	**Stop Date: (up to 6 months after 'Start Date')** ___/___/___
Times to be applied: ☐ **when rash is present** ☐ **with every diaper change** ☐ **other:**	**Amount to be applied:**
Possible side effects:	
Above information consistent with label*? ☐ **Yes** ☐ **No**	
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**

(_____)_____
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.
** Necessary only for diaper creams/ointments not labeled for use in the diaper area. (Pharmacist label on prescription medication indicates consent of health care provider.)