

COUNTRY WOODLAND SCHOOL
PARENTS AUTHORIZATION FOR DIAPER RASH CREAM

Student _____
Parent Signature _____
Home Address _____
Phone #s H _____ W _____ C _____

School Country Woodland School _____

Date of Authorization _____

*Duration of Authorization 1 year only _____

1. Name of Medication _____

**2. Dosage of Medication _____

3. Time(s) to be administered _____

4. System or conditions in which medication is ordered _____

5. Adverse reactions child may have to medication _____

*Non-prescription drugs and over the counter skin products shall not be kept or used beyond the expiration date of the product. 22 VAC 15-30-585

**Parent may determine amount to be applied as long as it is not contradicted by the specifications on the actual cream.

Diaper rash cream must be in its original container and labeled with your child's name.

If you would like the staff of Country Woodland to apply diaper rash cream to your child, you must turn in the above permission form. (Completely filled out.) Stop by the office if you have any questions.
Thank you.