Authorization for Non-Prescription Diaper Ointment

I hereby authorize The Nursery at Our Lady of Sorrows School to apply the following diaper cream/ointment _____

to my child: _____

All diaper cream/ointment must be provided in the original container with a valid expiration date and labeled clearly with the child's full name. A new form should be filled out when brand of ointment is changed.

Special Instructions:

_____

_____

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_____

_____

Parent/ Guardian Signature: _____Date___/___/___