



# Diaper Ointment Form

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

Teacher and Classroom Number \_\_\_\_\_

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I hereby grant permission for application of \_\_\_\_\_  
to my child \_\_\_\_\_ while he/she is attendance at  
Bristow Montessori School.

*This form is for use of non-prescription, over-the-counter ointments only and is valid for up to 12 months.*

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Name of product: \_\_\_\_\_

Dosage/amount to be applied: \_\_\_\_\_

Time of application and intervals: \_\_\_\_\_

Any known adverse reaction: \_\_\_\_\_

*First time application of ALL products must be done at home, and must be in original container.*

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Parent Name (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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