



Diaper Consent Form

In order to provide your child with the utmost comfort, their diaper changing/toileting will be checked hourly. If your child shows any signs of redness etc., you will be notified when you pick your child up or via the communication folder. We will not use anything, such as cream, on your child unless you provide them and give instruction on its use.

I (parent/guardian _____) give my permission for the staff of The Preschool at Riva Trace, located at 475 W. Central Ave. Davidsonville, MD 21035, to diaper change and/or assist (child's name) _____ with toileting when needed. I understand that my supplies (i.e. diapers, wipes, diaper cream etc.) will be used as directed on my child and that diaper changing/toileting will be done according to the child's needs. I also understand that my child's diaper will be changed quickly as possible if it becomes soiled. I agree to supply an extra change of clothes, wipes, diapers and any other supplies needed. I release The Preschool at Riva Trace from any and all responsibility concerning this matter.

Please put an X next to what applies to your child:

Potty Training _____

Potty Trained _____

Pull Ups _____

Diaper _____

Assistance with wiping needed _____

Parent's Signature _____ Date _____

This consent expires 1 year after the date it was signed.



Permission to Apply Diaper Ointments or Creams

Child's Name _____

I, the parent/guardian of the above named child, give permission for the staff of The Preschool at Riva Trace to apply the following topical diaper ointment/cream that I have provided for my child.

NOTE: Creams/lotions cannot be applied to broken skin without note from physician indicating specific permission. Physician must list name of cream or ointment to be used and for what duration (dates, amounts, etc.). The note from the physician, along with a completed Permission to Administer Non-Prescription Medication form must be obtained prior to any cream/ointment being used on a child with broken skin.

Name of diaper ointment or cream _____ (specific name of cream must be listed)

Apply the following amount of ointment or cream:

_____ thick coating

_____ thin coating

Apply at the following times:

_____ when skin in diaper area is red

_____ when rash is present in diaper area

_____ after each bowel movement

_____ with each diaper change

_____ Other: _____

Parent's Signature _____ Date _____

This consent expires 1 year after the date it was signed.