Grace Children's Learning Center

A Ministry of Grace United Methodist Church
9750 Wellington Rd Manassas, VA 20110
703-393-2345 GCLC@umcgrace.org

Diaper Cream Application Authorization Consent Form

1. **Child's first and last name:**	2. **Date of birth:**	3. **Child's known allergies:**
4. **Name of Diaper Cream (Please be brand specific)**	5. **Date Medication Expires**	6. **Route of administration:** Topical
7A. **Frequency to be administered:** During Diaper Changes when a rash or sores are present *OR* 7B**. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters)**		
8A. **Possible side effects: see medication box** *AND/OR* - Skin Irritation or rash. Stop use if rash occurs. 8B: Additional side effects:		
9. **What action should the child care provider take if side effects are noted**: Cease to use cream and wash affected area with warm water and mild soap. Contact parent		
10A. **Special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.)**		
11. **Reason the child is taking the medication (unless confidential by law):** Diaper Rash		
12. **Are the instructions on this consent form a change to a previous medication order as it relates to the dose, time or frequency the medication is to be administered? No Yes Please specify changes.**		
13. **Date of Signature**	14. **Parent/Legal Guardian's Signature**	
15. **Date Received From Parent**	16. **Special Instructions From Parent: (To be completed by GCLC Staff)**	
17. **Provider & Representative's Signature :** Grace Children's Learning Center		18**. Date to be Discontinued: 06/15/2025**
19. **Training and or Background Required For Staff to Administer Diaper Cream:** No specific training required.		