



10315 20th St. SE • Everett, WA 98205 • (425) 334-3885

Medication Consent Form

Diaper Rash Ointments/Creams Only

Note: This form is to be used for ointments or creams (prescription or non-prescription) used for "diaper rash" only.

Child's Full Legal Name: _____ Date Initiated: _____

Name of ointment/cream: _____
Note: Prescription and non-prescription ointments/creams (medications) may only be administered in accordance with instructions on the label.

How often is the ointment/cream to be administered? _____

How is the ointment/cream to be administered? _____

Remarks: _____

Parent/Guardian please initial the following statements:
 I hereby authorize Country Dawn staff members to administer the ointment/cream(s) listed above.
 I understand that this authorization is to remain in effect until rescinded by me.

Parent/Guardian Signature: _____ Date: _____

Country Dawn staff use only.

Note: Read the label(s) before administering any medication.

Medication Record

Date	Time	Name of Ointment/Cream	Applied by (Staff name)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Medication record continues on back of form

MEDICATION DISPOSITION:
Check one of the following: Ointment/Cream(s) completed and returned to parent.
 Ointment/Cream(s) container empty and returned to parent/guardian.

Staff Member Signature: _____ Date: _____

