Diaper Cream/Ointment Authorization Form
KIDLAND FREMONT

Name of the child:
DOB:
Start Date: (DD/MM/YY)
Stop Date (Can be upto 12 months from start date) (DD/MM/YY):
Times to be applied: ☐   When rash is present ☐   With every diaper change ☐   Other (Please explain)   Amount to be applied (Not to exceed directions on packaging)   Reason for medication: For diaper rash prevention or treatment Route: Topical Storage: Room temperature   I authorize the use of the above diaper cream/ointment on my child.   _____ Parent/Guardian Signature Date   _____ Provider Signature Date

[Parents to provide the diaper rash cream in original container]