

Creative Wonders Learning Center

*Please complete this form if your child will be enrolling in our
Infant, Toddler or Two's Room Program*

Child's Name: _____ Age: _____

- I give my permission for my child's primary caregiver to administer diaper ointment on an as need basis. I have provided the following ointment _____ . The ointment that we have provided and the center's ointment, Vaseline Petroleum Jelly may also be administered as needed.

Your signature below indicates that your child has had no adverse reaction to the ointments listed.

Parent Signature

Date

For Office Use Only

Room _____

Emergency Form _____