

Diaper Cream Permission Slip

I give permission for my child _____

to have diaper cream applied as needed. Please return this form with a tube of labeled diaper cream.

Brand of Diaper Cream: _____

Parent/Guardian Signature: _____ Date: _____



MAGNOLIA
MONTESSORI SCHOOL
JOYFUL HEARTS, PEACEFUL MINDS

****this form expires 1 year from today****