



Medication Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication: diaper ointment	Reason for Medication: for the treatment of diaper rash
Start Date:	Stop Date:
Times to be given: When signs of diaper rash appear, such as: redness, irritation, sores	Amount to be given: enough to coat afflicted area with thin layer of ointment
Possible Side Effects:	<input type="checkbox"/> Oral <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label? Yes	Requires Refrigeration: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Special Instructions:	

Parent/Guardian Signature

Date

Daytime Phone Number

