

Nia Infant, Toddler, & Child Development Center
Early Head Start / Child Care Partnership

“Young Minds Strengthened Through Faith and Knowledge”

2007 Helm Ave. North Charleston, SC 29405

Office (843) 746-9377 Fax (843) 746-9337

www.niachildcare.com

Diaper Rash Permission Slip

I _____ give permission for my
child _____ to have diaper rash cream applied
every change when red every other change by their caregiver. I
understand that I will have to provide the diaper rash cream for my
child in order for the caregiver to apply it.

Notes:

If you have any questions, I can be reached at:

(_____) _____.

Contact Number

Thank you,

Parents name

Date