



Vidyarambh

Daiper Rash Cream Permission FORM

2931 El Camino Real
Santa Clara CA 95051
Phone: 408-758-8192
www.vidyarambh.org

Child's Name: _____

DOB: _____

I give the staff at Vidyarambh permission to use (name of cream) _____
_____ rash cream to my child as needed for visible
rashes.

I have used this product previously without any adverse reaction to my child's skin.
I understand I must provide the ointment/cream in the original over the counter container labeled
with my child's name

Parent/Guardian's Name: _____ Date: _____

Signature: _____