



Permission to Apply Diaper Cream

High Point Christian Academy 2025-2026

Student Name: _____

Birth Date: _____

Classroom/Homeroom Teacher Name: _____

PARENT'S PERMISSION

- I do hereby give permission for diaper cream to be applied to my child (named above) by the school nurse or designee.
- I understand that diaper cream will not be applied unless it is provided by me.
- I do hereby release High Point Christian Academy, its administrators, staff and faculty from application of the diaper cream I send in.
- I hereby authorize the school nurse to share this information with High Point Christian Academy staff as necessary for the safety and welfare of my child during the school year.

PARENT/GUARDIAN SIGNATURE _____

Date _____