



600 W. Park Street
Cedar Park, TX 78613
512-335-9540
director@childshaven.net

Childs Name: _____

Class/Teacher: _____

I _____ give the staff at A Child's Haven permission to use
(Parent or Guardian)

_____ on my child for diaper rash or other skin condition from
(Product)

_____ to _____. I have used this product previously on my child
(date) (date)

without any adverse reaction my child.

Parent or Guardian Signature

Date