



Diaper/Bathroom Assistance Authorization Form

Child's Name: _____ DOB/Age: _____

I authorize Southern Therapy Solutions staff to:

Apply ointment that's provided by the patient topically:

_____ Change diaper/pull-ups

_____ When rash is present

_____ Apply Ointment

_____ With every diaper change

_____ Assist with bathroom training/wiping

_____ Other

_____ Changing clothes

Allergies to Latex: _____ Yes _____ No

Diaper/Pull-up Brand Provided: _____

Ointment Brand Provided: _____

Further Instructions:

_____ I **authorize** Southern Therapy Solutions staff to change my child's diaper/take them to the bathroom, while in the clinic receiving treatment. I agree to supply an extra change of clothes, wipes, diapers, ointments, and any other supplies needed. I understand it is my responsibility to make STS staff aware of any allergies or sensitivities related to diapers, ointments, or anything else of that nature. Southern Therapy Solutions staff will contact parent/guardian if the child is out of diapers. Staff will use gloves during the diaper changing process.

_____ I **do NOT authorize** Southern Therapy Solutions staff to change my child's diaper/take them to the bathroom.

Signature of Parent/Guardian

Date

Printed Name

Initial: _____