



**Parent Diapering and Toilet Training Instructions**

Child's Name: \_\_\_\_\_

Diapering Information: \_\_\_\_\_

List lotions, powders, or ointments you will supply and give us permission for us to use on your child if:

Wet: \_\_\_\_\_

BM: \_\_\_\_\_

Rash: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Toilet Training**

What routine or schedule, if any, does your child have and/or need to follow for successful training:

Morning:

Noon:

Afternoon: