



## Diaper Changing Authorization Form

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

**Please put an X next to what applies to your child:**

Potty Training      (   )

Potty Trained      (   )

Pull Ups      (   )

Diaper      (   )

Assistance/  
Wiping      (   )

---

*I authorize Itasca Park District Kids Klub Attendants to change my child in the event that I am unavailable. I agree to supply an extra change of clothes, wipes, diapers and any other supplies needed. I release the Itasca Park District from any and all responsibility concerning this matter.*

---

Signature of Parent/Legal Guardian

---

Date