

FRIENDSHIP SCHOOL
San Diego County Office of Education
525 Third Street, Imperial Beach CA 91932
(858) 298-2213 FAX (619) 423-6007



PARENT’S REQUEST FOR DOUBLE DIAPERING

We (I), the undersigned, the parents/guardian(s) of _____
(Name of pupil) (Birth date)
permit the Friendship School staff to use two diapers/forms of diapers for every skin integrity check.

We will notify the school in writing if permission is canceled.

(Parent/Guardian’s Signature) (Date)

(Relationship to Student) (Telephone)

Address: (Street) (City) (State) (Zip code)