

**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)**