

## Jayton-Girard ISD Child Care Center

I have read and received a copy of the Parents Handbook. I agree to all of its contents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for Jayton-Girard ISD Child Care Center staff to apply any of the topical medications listed below only as needed:

Benadryl Cream  
Neosporin  
Epsom Salt soak  
Baby powder/Corn starch (infants)  
Diaper rash cream (infants)  
Lotions

Signed \_\_\_\_\_ Date \_\_\_\_\_