

# JUMP Preschool Inc. Infants & Toddlers

## Non-Prescription Personal Care Items Form

I hereby give permission to JUMP Preschool Inc. to administer the following over-the-counter Personal care items listed below.

List the specific product name, frequency, and duration for each.

Baby Wipes

Ointment

Sunscreen

Baby Powder

Insect Repellent

Other

**I release JUMP Preschool Inc from any liability from the administration these products. All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_