

Infection Control Agreement

Parent or Guardian's name: _____

Child's name: _____

I have read and understand the Infection Control policies and I agree to abide by them for the protection of my child as well as the other children and staff members at Meadow Brook Child Development Center.

Signature of Parent or Guardian

Date

The Infection Control Policies and procedures have been presented and explained to

Parent / Guardian

by

Staff Member

on

Date

Signature of Staff Member