

**COVID-19 HEALTH AND SAFETY PLAN**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** have received a copy

 (Print Name)

of ***Christopher’s Footprints COVID-19 Health and Safety Plan*,** and fully understand all policies and procedures set in place.

I fully understand that at any time revisions may be applied to the Health and Safety Plan. I am aware that I can review changes at any time and I will also be notified of any changes made. I am also aware that the new restrictions and procedures will take the place of procedures in our handbook.

**\*\*\* Health and Safety Plans are made available in the Main Office\*\*\***

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 Parent Signature Date

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Representative Signature Date