

## **Infection Control Policy**

### **Parent Agreement**

Please complete, sign and return this form.

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

I have read and understand the attached 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 Welborne Christian Preschool.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_