

Policy Signature Page

_____ I have read and waive receipt of a paper copy of the following policies; however I may request a copy of each policy at any time.

- Infectious Illness Policy
- Severe Weather Policy
- Treatment Records Policy

_____ I have read and received a paper copy of the following policies:

- Infectious Illness Policy
- Severe Weather Policy
- Treatment Records Policy

* All policies can be found on our website, www.cobcLLC.com.

Signature of Parent/Guardian

Date

Signature of Witness

Date