

## CDCA COVID-19 AGREEMENT

By signing below, I agree that:

1. I have read and understand the CDCA COVID-19 Preparedness Plan found on the CDCA website,
2. I will abide by the health related requirements set forth by CDCA with respect to when my child should remain at home and not attend school.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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