

## NO CONTACT/ACCESS AGREEMENT

I, \_\_\_\_\_, \_\_\_\_\_ of  
(Individual) (role)  
\_\_\_\_\_, located at \_\_\_\_\_  
(Child Care Service/Agency) (Location)  
confirm that I will not have contact with or access to children while  
they participate in the child care service/agency for the duration of my  
involvement with the child care service/agency. I also confirm that I  
will not have access to the children's/affiliated child care provider's  
records at any time for the duration my involvement with the child  
care service/agency.

SWORN (OR AFFIRMED) to at \_\_\_\_\_  
Location  
in the Province of Newfoundland and Labrador, before me.

On \_\_\_\_\_  
YYYY/MM/DD

\_\_\_\_\_  
Licensee/Board Member/ Employee/  
Student/Volunteer Name

\_\_\_\_\_  
Licensee/Board Member/ Employee/  
Student/Volunteer Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature