

Informed Consent Questionnaire

As with the transfer of any communicable disease like a cold or the flu, you may be exposed to COVID-19 (also known as the coronavirus) at any time or in any place. Be advised that we are following federal, state and local regulations and recommended universal personal precautions and disinfection protocols to limit the transmission of all diseases. Despite our very careful attention to disinfection and social distancing, there is still a chance that your child could be exposed to an illness.

Although exposure is unlikely, do you accept the risk?

Yes _____ No _____

Child's Name: _____

Parent's Signature _____ Date: ___/___/___

If you or your child has been exposed to a communicable disease, you may spread it to others. Therefore, we will be asking the following questions at the beginning of the session to reduce the chance of transmission:

Have you, your child, or others living with you tested positive or have been diagnosed as having COVID-19 or any other communicable disease?

Yes _____ If so, when? _____ No _____

Is your child experiencing the following symptoms:

- Fever? (defined as greater than 99.6 degrees) Yes _____ No _____
- Cough Yes _____ No _____
- Shortness of breath/trouble breathing Yes _____ No _____
- Persistent pain, pressure, or tightness in the chest Yes _____ No _____

I understand that if the answer to any of the above questions is YES, I will be asked to take my child home.

Child's Name: _____

Parent's Signature _____ Date: ___/___/___