



OUTREACH THERAPY PROGRAM
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CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PANDEMIC

Child's Name: _____ DOB: _____

Parent/Guardian: _____

Address: _____

Postal Code: _____

Telephone: _____ Email: _____

I, _____, parent/legal guardian of the above-named child, hereby agree for my child to attend in-person sessions,

- at Outreach Therapy outdoors at my home outdoors in a community space
 other indoor community space

By consenting, I am acknowledging that I am aware of and accept the increased risk of contracting COVID -19 by attending an in-person session during these unprecedented times and agree to do my part in mitigating the risk of transmission to all parties including:

- Completing the health screen.
- Complying with all procedures put in place by Outreach Therapy to mitigate the risk of transmission.

By consenting to an outdoor session in a community space, I acknowledge I am aware of any risks my child is exposed to in an outdoor community space, and that Outreach Therapy is not responsible for the maintenance of outdoor community spaces or liable with the use of outdoor community spaces.

I am also aware that I can withdraw my consent for in person services at any time.

Name of Parent / Legal Guardian (please print)

Relationship to Child

Signature of Parent / Legal Guardian

Date (dd-mmm-yyyy)

Consent type (choose one):

Name of Witness /Clinician (please print)

Signature of Witness /Clinician