



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 an in-person session

- 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 am also acknowledging that I am aware of and consenting to any extra risks my child is exposed to by being/playing in that outdoor community space.

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