ACKNOWLEDGEMENT OF RISK FOR COVID-19

While the Center of Hope Foundation is taking many precautions including cleaning and sanitizing protocols, donning of Personal Protection Equipment, and creating social distancing within all of our Program sites, it is necessary to obtain guardian/caretaker consent for your family member to attend program.

I acknowledge and agree to the following: (Initial next to each for consent)

____ am aware of the COVID -19 virus as reported by the CDC http://www.cdc.gov

____ voluntarily and willingly choose to have my family member participate in employment and/or day services.

____ agree to voluntarily assume all risks related to the COVID-19 virus. I understand that in accordance with guidelines and advisories from the CDC and Mass. Dept. of Public Health, there could an increased risk of exposure to Covid-19 in a group setting.

____ agree to comply with agency protocols in the event your family member presents with symptoms of COVID-19, including arranging for immediate pick up from the program, seeking medical attention for screening/treatment and/or quarantining, and that return to program is contingent on medical clearance by a physician.

____ agree that if my family member returns and then exhibits an increased medical or behavioral issue that could make it unsafe for them to stay in the program, that we may ask for them to not come back to program until the agency and family agrees that it is safe for them to return.

Guardian name (print) Guardian signature

__________________________________________________________________________

Date ______________________

Immediate contact name and phone number in case family member has symptoms of Covid-19 or has been exposed __________________________________________________________________________

Second phone number _______________________________________________________________________

Email _________________________________________________________________________________

2nd Emergency Contact Name & Phone _________________________________________________

3rd Emergency Contact Name & Phone _______________________________________________