

**Consent for Speech Therapy Services during COVID-19**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Due to COVID-19, we are taking extra precautions to keep both our staff and patients safe. Parents/guardians must sign this form prior to red resuming in-clinic therapy services.

**Below are the precautions our office is taking to protect our staff and patients.**

- Our waiting room is closed. Your child's therapist will meet you and your child outside or in the lobby (if inclement weather) to transition your child to the office. Your therapist and child will meet you outside or in the lobby at the end of each session. Coordinate with your child's therapist and make arrangements to wait in your car to avoid gathering in the lobby.
- A brief health check will take place outside or in the lobby. We will ask the parent/caregiver a few questions and then take your child's temperature with a contactless thermometer. If the child's temperature is 99.6 or greater, they will not be able to enter our office at that time.
- If your child is coming for an initial evaluation or for their first therapy visit, the evaluating/treating therapist will meet you and your child in the lobby and transition with you to the office for the evaluation/first session. Only 1 parent may accompany their child for the evaluation.
- Therapy start times will be staggered to allow for sanitizing between sessions. We will follow the CDC and WHO Guidelines to clean therapy workspaces and equipment.
- Each child/therapist pair will work in their own space. Once restrictions are lifted by The State of Maryland you will be notified prior to any changes to this policy.
- Each therapist and child will follow CDC and WHO protocol for handwashing before and after each session.
- Therapists will wear masks throughout the session.
- Parents will wear masks. Children will wear masks as tolerated during therapy sessions except when younger than 2 years of age or developmental and/or physical impairment prevents them from doing so. Therapists will work on mask wearing with kids as needed.
- Therapists will clean and disinfect all toys/equipment after each activity and/or session.
- Therapists will not perform any oral motor and orofacial myofunctional exercises on any client in the office at this time.

**I agree that I will not bring my child to his/her therapy sessions under the following circumstances. Your child's therapist will also abide by the following:**

- If my child or anyone living in our home has experienced or come in close contact with someone with the following:
  - fever or chills
  - cough
  - shortness of breath/difficulty breathing
  - fatigue
  - muscle or body aches
  - headache
  - new loss of taste of smell
  - sore throat
  - congestion or runny nose
  - nausea or vomiting
  - diarrhea
- If my child or anyone living in our home has come in contact with someone with a confirmed COVID-19 diagnosis in the past two weeks.
- If my child or anyone living in our home has traveled domestically or internationally to a region heavily affected by COVID-19 in the past two weeks.
- **Cancellation Policy:** You will NOT be charged if you need to cancel your appointment time if your child or anyone living in your home experiences these symptoms or comes in contact with someone with these symptoms. The therapist will work with you to reschedule the session or set up a teletherapy session.

In the event that the therapist and/or patient fall ill following therapy sessions, neither party will be held liable or responsible for the illness, including COVID-19. Both parties agree not to come to therapy sessions if they feel ill in any way that would indicate they might be coming down with an illness.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 9/2021