



Covid partnership agreement with Coastside Pediatric Therapy Center

My child's name: _____

My child and I will wear masks and keep them on during the session.

I agree _____

My child is under 2 years old or is unable to remove mask if necessary. _____

My child and I will thoroughly wash or sanitize our hands at the beginning and end of each session.

I agree _____

My child will come with one caregiver only to minimize exposure.

I agree _____

Siblings or others will not enter the clinic to minimize exposure.

I agree _____

Adults will maintain 6 feet physical distancing.

I agree _____

I understand that despite the state mandated protective and sanitizing precautions taken by CPTC, entering the clinic may result in exposure to Covid-19. I accept this risk and will not hold CPTC financially responsible in the event I contract Covid-19.

I agree _____

Date _____

signature

print name