

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our agency is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- **You are aware of the risks associated with COVID-19, and that participating in services within Youth and Family Alternatives program and admission into services might expose you to those risks. You agree that you are making a decision voluntarily and without coercion, and that you are assuming all risks of potential COVID-19 exposure.**
 - I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
 - I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
 - I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
 - I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
 - In the event of an exposure or potential exposure of the youth to COVID-19 while in our program and at which time I cannot be reached, I give my consent to allow testing needed for my child.
 - **I understand that Youth and Family Alternatives cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.**

By signing below, I agree to each statement above and release Youth and Family Alternatives, Inc. from any and all liability for unintentional exposure or harm due to COVID-19.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____