

Please verify your health and your child's health prior to entering the house as **we cannot allow entry if you or anyone in your family has any of these symptoms:**

- Have you been in close contact with a confirmed case of COVID-19? _____
- Are you experiencing a cough, shortness of breath or sore throat? _____
- Have you had a fever in the last 48 hours? _____
- Have you had new loss of taste or smell? _____

Please check the following box to state your preference for your child's session:

- _____ Masks remain on both counselor and client while seated six feet apart.
- _____ Masks removed once counselor and client are seated six feet apart.
- _____ Mask remains on counselor and the client removes his mask once seated six feet apart.

Signing below states that you have read and understand the above information regarding coronavirus.

Signature of Parent/Guardian _____ Date _____

Name of Client _____