



COVID-19 Consent to Therapy Form

I, _____, hereby consent for my child (name of client) _____ to receive therapy from Johnson Behavioral Services, PLLC during the COVID-19 outbreak. I understand there is much to learn about the newly emerged COVID-19 including how it spreads and is transmitted.

I understand that based on what is currently known about COVID-19 the spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. I understand that close contact can occur from being within approximately 6 feet of someone with COVID-19 for a prolonged period of time or by having direct contact with infectious secretions from someone with COVID-19.

I understand that carriers of COVID-19 may not show symptoms but may still be highly contagious.

I understand that the symptoms listed below are representative of COVID-19:

- Fever ● Dry Cough ● Shortness of Breath ● Temperature
- Persistent pain or pressure in the chest ● Bluish lips or face

I confirm that myself, child or any immediate family members do not display or currently have any of the symptoms that are representative of COVID-19, which are outlined above: ____ (Initial)

I understand that all travelers arriving from a country or region with widespread ongoing transmission, as outlined by the CDC, should stay home for 14 days to practice social distancing and monitor their health after their arrival. ____ (Initial)

I confirm that our family has not traveled to any of the countries or regions with widespread ongoing transmission (Level 3 Travel Health Notice) in the past 14 days. ____ (Initial)

I confirm, to the best of my knowledge, that myself, child or any immediate family members have not had close contact with an individual diagnosed with COVID-19 in the past 14 days. ____ (Initial)

Client/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____