

Consent for In-Home Services

Student's Name:	Student ID#:	DOB:
Address:		Apt #:
City:	State: New York	ZIP:
Name of Provider:	Phone #:	
Provider Agency:	Phone #:	

Instructions: This consent form must be completed before initiating or resuming in-home services.

I, (Parent/Guardian's Full Name) _____, consent to have my child's services/assessment provided in person, in my home. I agree to the conditions below so that these services can be provided in the safest way possible.

1. Anyone who will be present for the session and is 2 years or older will wear a face covering, regardless of vaccination status.
2. My child will wear a face covering during sessions unless it is not medically or developmentally appropriate or the provider determines that it significantly interferes with the service being provided.
3. Everyone present but not directly involved in the session will remain at least 6 feet away from the provider at all times.
4. Everyone present will wash their hands with soap and water or use an alcohol-based hand sanitizer immediately before the session begins and immediately after it ends.
5. I will provide the provider access to a sink, soap and paper towels to wash and dry their hands after arriving, immediately before beginning the session and after the session ends.
6. Before each session, I will monitor the health of myself, my child and others in my household for COVID-19 symptoms, such as fever of 100.0 degrees F or greater, a new cough, new loss of taste or smell or shortness of breath that started in the past 10 days. I will notify the provider if anyone in my household is sick or has any of these symptoms in advance of the session or when I am asked by the provider before the session.
7. I will notify the provider if any of the following occur for any member of my household:
 - a. Having lab-confirmed positive result from a COVID-19 diagnostic test (not a blood test) in the past 10 days
 - b. In the past 10 days, having been in close contact (within 6 feet for at least 10 minutes over a 24 hour period) with anyone who is currently diagnosed with COVID-19 or who has been told they have symptoms of COVID-19.
8. If an in-person session must be cancelled and is replaced with a remote session, the remote session is instead of and not in addition to the in-person session.

 Parent/Guardian Name (Print)

 Parent/Guardian Signature

 Date