



GUARDIAN ACKNOWLEDGEMENT OF RISK FOR COVID-19

Opportunities for Inclusion is taking many precautions to keep our participants safe, including cleaning and sanitizing protocols, the use of Personal Protection Equipment, and creating social distancing within our programs. While we are doing everything we can to prevent the spread of COVID-19, we are required to obtain guardian/caretaker consent for your family member/ward to attend our program.

Name of Individual: _____

I acknowledge and agree to the following: (Please initial next to each for consent)

____ I am aware of the COVID -19 virus as reported by the CDC <http://www.cdc.gov>.

____ I voluntarily and willingly choose to have my family member/ward participate in Opportunities for Inclusion on-site programs.

____ I agree to voluntarily assume all risks related to the COVID-19 virus. I understand that in accordance with guidelines and advisories from the CDC and Massachusetts Department of Public Health, there could an increased risk of exposure to COVID-19 in a group setting.

____ I agree to comply with agency protocols in the event my family member/ward presents with symptoms of COVID-19, including arranging for immediate pick up from the program, seeking medical attention for screening/treatment, and/or quarantining, and that return to the program is contingent on medical clearance by a physician.

Guardian Name (please print)

Guardian Signature

Date

Please complete and return to:

Opportunities for Inclusion
56 Chestnut Street
Waltham, MA 02453
(Return envelope enclosed)