



Sensory Solutions

Occupational Therapy for Children

Emergency Information and Consent for Treatment

Child's Name: _____ Date: _____

	Mother	Father
Name		
Home Phone		
Cell Phone		
Email		

Other Emergency Contact Person:

Name _____ Relationship _____

Phone Numbers: _____

Child's Pediatrician: _____ Phone: _____

Does your child have a medical or physical limitation? Explain: _____

Known allergies? _____ Current medications? _____

I give permission for my child _____ to receive occupational therapy treatment from Sensory Solutions. Sensory Solutions complies with Santa Clara County Department of Public Health Orders, and American Occupational Therapy Association AOTA recommendations for providing in-person occupational therapy intervention for those clients who can't be treated via telehealth or whose goals cannot be addressed through telehealth.

I am aware of the inherent risks of exposure to COVID-19 despite precautions put in place including social distancing and the use of Personal Protective Equipment PPE. The nature of pediatric occupational therapy may involve being in close proximity to your child for short periods, which may lead to unintentional exposure to the virus.

I have reviewed the clinic protocols, cleaning protocols, and health-tracking measures put forth by Sensory Solutions and will not hold Sensory Solutions liable for any exposure to COVID-19 to me or my child. Furthermore, I agree to inform Sensory Solutions of any changes in our child's and family's social exposure including travel, camp attendance, social groups, or any other social gathering environment. If such events that may lead to exposure occur, Sensory Solutions reserves the right to postpone services for at least 14 days following the notification of possible social exposure to COVID-19.

I understand that services provided off-site further present risk to my child. I acknowledge the increased risk involved in off-site therapy and small group therapy and will not hold Sensory Solutions liable for injury or incident that might occur while off-site. One parent/guardian per session shall be present during each off-site session. I agree to participate by being present and able to assist as needed during group therapy sessions.

By signing below, I hereby release and agree to hold Sensory Solutions harmless from, and waive on behalf of myself, assignees, heirs, distributees, guardians, and legal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or failure to act of the clinic, or that may otherwise arise in any way in connection with any services received from Sensory Solutions. I agree to release Sensory Solutions from any and all liability for the unintentional exposure or harm due to the Coronavirus (COVID-19).

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A **RELEASE OF LIABILITY** AND A CONTRACT BETWEEN ME AND SENSORY SOLUTIONS AND SIGN IT OF MY OWN FREE WILL.

In the event of the need for emergency medical attention, I give my consent for 911 personnel to provide essential care. The signature of both parents is required.

Mother's Signature Date Father's Signature Date