

Name and Surname of Attendee (Client)

Date of Attendance

Email address/ contact number for parent/ legal guardian/ person accompanying the child to the practice.

I _____, parent / legal guardian / person accompanying the child to the practice hereby declare that all the answers herewith provided regarding myself and the minor child _____ (name of child) are to my knowledge true and honest.

Choose one of the following options:

- I currently DO NOT have any flu-like symptoms such as fever $\geq 38^{\circ}\text{C}$, sore throat, and/or dry cough
- I currently DO present with flu-like symptoms such as fever $\geq 38^{\circ}\text{C}$, sore throat, and/or dry cough

and

- I HAVE BEEN in close personal contact, within the last 14 days with someone who has tested positive to Covid-19.
- I HAVE NOT BEEN in close personal contact, within the last 14 days with someone who has tested positive to Covid-19.

Signature Parent /Legal Guardian/ Person accompanying child: _____

Signature Therapist / Administrative Staff at practice: _____