

COVID-19 Virus Preventative Measures

Patient Name:	Patient D.O.B.:
Green Hill Therapy is dedicated to providing qualifamilies. We will operate under our normal schedithe novel COVID-19 virus. We are following the Organization's infection control recommendations	ule while we continue to monitor the status of Center for Disease Control and World Health
Despite these efforts, it is impossible to guarantee Populations such as individuals with pre-existing systems are at a higher risk of contracting the viru member fall within the high-risk category, we encoadditional recommendations. We are also asking accompany your child to their therapy sessions.	health conditions or compromised immune us. If your child or any immediate family ourage you to reach out to your physician for
If you, your child or anyone in your household are shortness of breath in the past 14 days please regour child or anyone in your household have trave on a cruise ship within the past 30 days please recontact Green Hill Therapy to cancel your child's therapy services may resume once the household remained within the United States for at least 30 days	frain from attending GHT. In addition, if you, elled outside of the United States or have been frain from attending GHT. We ask that you appointment as soon as possible. Your child's d is symptom free for at least 14 days and have
Thank you for continuing to entrust your child's the questions or concerns please feel free to reach or sarah.halfacre@greenhilltherapy.org and, as alway medical questions or guidance.	ut to Green Hill Therapy at (502)244-8011 or
By signing below I acknowledge, agree to and ac Preventative Measures.	cept the Green Hill Therapy COVID-19 Virus
Parent Name:	
Parent Signature:	
Date:	
*Please review and turn in signed form p	rior to your child's next therapy session