Student:_____

Appendix I

Parent/Guardian Acknowledgement and Consent to Behavioral Healthcare Protocols at New Vista School and Procedures in Response to The COVID-19 Pandemic.

_____ By signing my initials here, I acknowledge that I have read and understood the information provided about the policies and procedures implemented by New Vista School with regard to behavioral healthcare services provided to my child/children during the COVID-19 pandemic.

By signing my name below, I agree to follow the practices outlined in this document for social distancing, hygiene, and the disclosure of symptoms of illness. I accept any risk to my child or any member of his or her family of contracting COVID-19 related to participation in this service and I shall indemnify and hold harmless New Vista School from any related claims. I also consent to my child participating in the Summer program which may be held on the New Vista Campus or in the local community. I further agree to provide a daily health checklist provided by the school and daily temperature readings of my student. Additionally, I understand that I be required to pick my student up within one hour if he/she has a temperature of 100.4 or more, or has other signs consistent with Covoid-19 such as a cough, shortness of breath, etc.

_____   _____   _____   _____
Printed Name of Parent   Date   Printed Name of Parent   Date

_____   _____   _____   _____
Signature of Parent   Date   Signature of Parent   Date

Transportation:

I **agree/do not agree** (circle one) to allow my student to utilize transportation provided by New Vista, which may include a school Van or the personal vehicle of an instructor. I understand that social distancing will be inhibited in these scenarios. My student will be required to wear a mask at all times while in a vehicle.

_____   _____   _____   _____
Printed Name of Parent   Date   Printed Name of Parent   Date

_____   _____   _____   _____
Signature of Parent   Date   Signature of Parent   Date