



COVID-19 Policies Receipt and Consent to Treatment

I, _____ acknowledge that I have received and reviewed Pinnacle Kidz Pediatric Physical Therapy/Pinnacle Physical Therapy, Inc. policies and procedures for COVID-19 safety. I am comfortable with these policies and procedures and consent to my child participating in in-person sessions. I understand that these policies and procedures are in place to mitigate the risk of acquiring Coronavirus and COVID-19. I understand that these policies and procedure do not completely eliminate the risk, and I accept this potential risk. I agree to indemnify and hold harmless Pinnacle Kidz Pediatric Physical Therapy/Pinnacle Physical Therapy, Inc. in connection with any claims arising out of my child's participation in activities operated by Pinnacle Kidz Pediatric Physical Therapy/Pinnacle Physical Therapy, Inc.

Patient Name

Parent/Guardian Name

Parent/Guardian Signature

Date