



Participant Safety and Wellness Agreement

- I agree to let my team know if I am experiencing any COVID symptoms (fever of 100 degrees or higher, shortness of breath, cough, muscle pain, headache, sore throat, GI issues such as vomiting or nausea, a new loss of taste or smell).
- I agree to let my team know if I had close contact with or cared for someone with COVID symptoms in the past 14 days.
- I agree to let my team know if I had close contact with or cared for someone with diagnosed with COVID in the past 14 days.
- I agree to limit outside visitors during sessions.
- I agree to practice social distancing during sessions whenever possible.
- I agree to let my team know if I have been in a group setting of 10 people or more.
- I understand that community outings will be limited. I understand I will be required to follow the guidance of the county where services are taking place.
- I agree to follow the CDC recommendations of wearing a mask in public settings and in the community, social distancing, and frequent hand washing.
- I agree to wear a mask while a passenger in a staff vehicle and sit in the back seat for social distancing measures.
- I agree to practice sound hand washing techniques, washing with soap and water for at least 20 seconds frequently and use hand sanitizer with at least 70% alcohol if soap and water is not available to prevent the spread of germs.
- I understand that my staff person may needs to shorten or end the session early for personal safety/precautionary reasons.

Participant/Guardian Signature

Date