

# Art Therapy COVID-19 Protocol Consent Form

## Client Information

Full Name

Date of Birth

Email Address

## COVID-19 Symptoms Screening

- ☐ I do not currently have any symptoms of COVID-19 (fever, cough, shortness of breath, etc.).
- ☐ I have not been diagnosed with COVID-19 in the past 14 days.
- ☐ I have not been in close contact with anyone confirmed with COVID-19 in the past 14 days.

## Consent to Art Therapy Services

I understand that the COVID-19 virus has a long incubation period. I acknowledge that in-person art therapy sessions may increase my risk of contracting COVID-19.

- ☐ I consent to receive in-person art therapy services at my own risk and agree to follow the health and safety protocols.

## Signature

Signature

Date