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EMPOWERING CHILDREN, FAMILIES AND OUR COMMUNITY.

INFORMED CONSENT, WAIVER, AND RELEASE (RISKS AND CLAIMS ASSOCIATED WITH COVID-19)

PLEASE READ CAREFULLY BEFORE SIGNING

I/We, the parent(s) or the guardian(s) of _____ (“child”), for and in consideration of my/our child(ren) receiving therapy services at the Pediatric Therapy Center, P.C. (“PTC”), hereby agree as follows:

1. Acknowledgement. I/We have read and understood this form and information about the coronavirus disease (“COVID-19”), and I/we hereby elect for my/our child to receive therapy at PTC. I/We understand that by electing to proceed with my/our child’s therapy, there is an inherent risk of child and/or me/us becoming infected with COVID-19.

2. COVID-19: General Information. I/We understand that COVID-19 has been declared a worldwide pandemic by the World Health Organization. I/We further understand that COVID-19 is extremely contagious and is believed to be spread by person-to-person contact, and as a result, federal and state health agencies recommend social distancing. I/We are familiar with the hazards of COVID-19 and the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I/We recognize that all owners, providers, staff, and employees at PTC are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. I/We acknowledge and understand that the circumstances regarding COVID-19 are changing and that, accordingly, the CDC guidelines, along with any local guidelines, are regularly being modified and updated, and I/We accept full responsibility for familiarizing myself/ourselves with the most recent updates.

3. Assumption of the Risk. I/We understand that possible exposure to COVID-19 during my/our child’s therapy at PTC may result in the following for my/our child, me/us, or anyone in regular contact with my/our child or us: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. I/We acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my/our child receiving therapy at PTC.

4. Waiver and Release. I/We hereby waive, and agree not to initiate litigation on account of or in connection with, any COVID-19 related claims, causes of action, injuries, illnesses, damages, and/or cost or expenses arising out of my/my child’s visit to and participation in therapy with PTC, including those claims, causes of action, injuries, illnesses, damages, and/or cost or expenses based on death, bodily injury, or property damage, and I/we hereby release PTC and all of its owners, providers, staff, and employees from the same.

I/We understand that in addition to the inherent risks described herein, COVID-19 may cause additional risks, some or many of which may not currently be known at this time. I/We have been given the option to defer my/our child’s therapy at PTC to a later date. I/We understand all the potential risks, included but not limited to the potential short-term and long-term complications related to COVID-19, and I/we would like to proceed with my/our child’s scheduled therapy.

I/WE UNDERSTAND THE EXPLANATION ABOVE AND HAVE NO MORE QUESTIONS AND CONSENT TO MY/OUR CHILD RECEIVING THERAPY AT PTC.

Parent/Guardian Signature: _____ Date: _____

I have been offered a copy of this consent form (Parent/Guardian initials) _____