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### COVID-19 Liability Waiver

We first want to say that we miss you and hope that everyone is doing well! As we begin to slowly transition back into the clinic space, we want to reiterate that the safety, health, and well-being of our kiddos, families and staff is our top priority. In order to return to the clinic safely, we have adopted guidelines from the American Academy of Pediatrics pandemic plan and the Centers for Disease Control and Prevention. With that in mind, the following precautions are being implemented, effective immediately and we ask that you agree to the following:

- Our lobby is completely closed. This means that when you arrive at the clinic, you are to remain in your vehicle and call our office to check-in. Our phone number is **252-341-9944**.
- The therapist will come out to the vehicle at the time of the appointment. We ask that you arrive in the parking lot *at least 10 minutes prior* to the end of the session to discuss your child's progress.
- If you are required to be present during your child's therapy appointment, *one parent* will be allowed into the clinic space and must wear a face mask. (At this time we are *not* requiring that children wear face masks).
- We will take the temperature of every child and their parent before the therapy session.
- Only 2 children will be allowed within the sensory gym space at a time and will maintain social distancing guidelines. At the discretion of the caregiver and therapist, we can refrain from using the sensory gym at all during your child's session.
- Staff and children will be required to wash their hands at the beginning and end of every session, following CDC guidelines on proper hand washing.
- Therapists and staff will maintain social distancing guidelines and will be working in their individual office spaces.
- We are continuously sanitizing toys, surfaces, door handles, etc. after every session and at the end of the day.
- We have removed toys and equipment that cannot be frequently disinfected.
- We are teaching children social distancing and proper hand washing.
- Children are discouraged from any contact, including high fives.
- As we receive more information from the Department of Public Health and other entities, we will implement those recommendations and guidelines.

We are also requiring you to **call us *at least 24-hours in advance* to cancel your appointment if you or your children are experiencing a cough, shortness of breath, sore throat, or a fever; or in the**

**previous 14 days you have had contact with someone with a confirmed diagnosis of COVID-19; is under investigation for COVID-19; or is ill with a respiratory illness; or in the previous 14 days you have traveled internationally to countries with widespread, sustained community transmission.**

The most current information regarding our practice will be displayed on our social media accounts (Facebook and Instagram). If you have any questions or concerns, please do not hesitate to share them with our office director, Taylor Varnell, by contacting him at [Taylor@carolinatherapyconnection.com](mailto:Taylor@carolinatherapyconnection.com) or 252-341-9944.

Thank you for your understanding of these new guidelines and procedures. We hope you and your loved ones stay healthy and safe!

Signing this document indicates that you understand the risks and agree to abide by these rules to protect yourself and protect the employees of Carolina Therapy Connection. Please note that if you cannot abide by these rules, you will not be able to be seen in our clinic, but can be seen virtually through our tele therapy program. Given the nature of our evaluation and treatment methods, you may increase your risk of contracting COVID-19. By consenting to treatment and evaluations today and anytime in the future, you voluntarily assume all risks and agree that you will not hold Carolina Therapy Connection or any of its employees liable for any resulting illness or injury.

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Child's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

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