



LIFE Tutoring LLC

INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that LIFE Tutoring LLC and KCS Counseling LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that LIFE Tutoring LLC and KCS Counseling LLC can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LIFE Tutoring/KCS staff, and other clients and their families.

I voluntarily seek services provided by LIFE Tutoring LLC and KCS Counseling LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I and my child(ren) are not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell at the time of signing this document.

*If I or my child(ren) experience any symptoms noted above, I will notify LIFE Tutoring immediately and will cancel any upcoming sessions with no cancelation fee.

* I or my child(ren) have not traveled internationally within the last 14 days at the time of signing this document. If I plan to travel internationally, I will let LIFE Tutoring LLC know.

* I or my child(ren) have not traveled to a highly impacted area within the United States of America in the last 14 days at the time of signing this document. If I do travel to a highly impacted area within the USA, I will let LIFE Tutoring LLC know and will cancel my upcoming appointments with no cancelation fee.



- * I and my child(ren) do not believe to have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 at the time of signing this document. If I believe I have been exposed, I will let LIFE Tutoring LLC know immediately.
- * I or my child(ren) have not been diagnosed with Coronavirus/Covid-19.
- * I and my child(ren) are following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- * I and my child(ren) will sanitize my hands upon entry into the office and follow all measures outlined by LIFE Tutoring LLC.
- * I and my child(ren) will adhere to the safe distancing precautions set up in the waiting room and tutoring/testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- * I and my child(ren) will wear a mask entering the building, but are not required, unless otherwise requested by LIFE Tutoring LLC staff, to wear one during session or in the waiting room. LIFE Tutoring LLC Staff will not be wearing a mask unless requested by the patient.

Check which preferences apply:

(This decision can change at any time. Please ask LIFE Tutoring LLC for another form to change your preference regarding mask wearing)

Child Mask Preference

_____ When my child is in session I WANT them to wear a mask.

_____ When my child is in session I DO NOT WANT them to wear a mask.

Instructor(s) Mask Preference

_____ When my child is in session I want the instructor(s) to WEAR a mask.

_____ When my child is in session I give permission for the instructor(s) to be WITHOUT masks.

Revised Session and Rates Acknowledgment:

In Person Sessions:

1. In Person Specialized Group Session-\$60 for 75 minutes
-Other children may be in the room during sessions. Families will be notified 24 hours in advance if another child will be present.



2. In Person Specialized Individual Session- \$80 for 75 minutes
-One to one individualized instruction in a private room.

Virtual Sessions:

1. Virtual Individual Session: \$60 for 60 minutes
-One to one individualized instruction via a video conferencing platform. Specific platforms and applications used will be agreed upon by the instructor and family.

_____ *I acknowledge I read and understand the revised session and rates.*

I hereby release and agree to hold LIFE Tutoring LLC and KCS Counseling LLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the business, or that may otherwise arise in any way in connection with any services received from LIFE Tutoring LLC and KCS Counseling LLC. I understand that this release discharges LIFE Tutoring LLC and KCS Counseling LLC from any liability or claim that I, my heirs, or any personal representatives may have against the business with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from LIFE Tutoring LLC and KCS Counseling LLC. This liability waiver and release extends to the office together with all owners, partners, and employees.

Signature: _____

Name of adult signing above (printed): _____

Name of child(ren) attending LIFE Tutoring LLC:
