Guardian Consent for Visitation During the COVID-19 Pandemic

Resident Name:	Date of Bir	Date of Birth:	
	is resuming visitation to		
Residential Agency Name		Program Name	
Residence/Program Address			
consecutive days or are currently displaying	esidents or staff of the home have tested positive symptoms. When this standard is not met, out a Consent from the individual or their guardian,	door visitation will be	
Per the Centers for Disease Control and Prev thought to spread:	vention (<u>www.cdc.gov/coronavirus/2019-ncov/f</u>	aq.html) COVID-19 is	
 Mainly from person to person, throu or talks. 	ugh respiratory droplets produced when an infe	cted person coughs, sneezes,	
	hs or noses of people who are nearby or possible re in close contact with one another (within about the contact within about the contact within about the contact within a c	-	
The virus may be spread in other ways:			
 It may be possible that people can g touching their own mouth, nose, or 	et COVID-19 by touching a surface or object tha possibly their eyes.	t has the virus on it and then	
By signing this document, I consent to visitat	the risk of transmission of COVID-19, but cannot tion by the individuals I indicate below. Should I will contact the residence to update this inform	I choose to remove someone	
Individuals for whom I allow visitation are lis	sted here (Please print - Include additional sheet	s of paper as needed):	
Guardian Printed Name	Guardian Signature	Date	
Guardian Printed Name	Guardian Signature	Date	
Resident Printed Name	Resident Signature	Date	