

## NEW YORK CITY (NYC) EARLY INTERVENTION (EI) PROGRAM

ealth	CONSENT TO INITIA	TE OR RESU	ME IN-PERSO	ON SERVICE	ES DURIN	G COVID	-19
Ch	ild's Name:	EI#:		D	ОВ:	/	/
Ad	dress:	1		•	Apt #:		
Cit	y/Town:	State: N	State: New York ZIP Code:				
Sei	vices Type to Be Delivered In-Person:		NYEIS Serv	rice Authori	zation (SA	N) #:	
Na	me of Therapist/Teacher:			Phone #:			
Sei	ce Provider Agency:			Phone #:			
Sei	vice Coordinator:			Phone #:			
Sei	vice Coordinator Agency:	Phone #:					
be of ame	ructions: This consent must be completed ions. A separate consent is required for ea ompleted whenever the SA number changendments. Service Coordinators are require health During the Declared State of Emergaded. This consent can be returned by emain E-mail to Exchange Personally Identifiable in the New York Early Intervention System	ich authorize ges as a resulted to obtain gency for COV il if the paren Information	d service typ t of individua parent or gu VID-19 to allo it or guardia	ne including alized famil ardian signa ow for flexi n also signs	gevaluation generated with the service parties on the service parties of the service partie	on(s). An olan (IFSF the <u>Conse</u> ervice del rns the <u>Pa</u>	updated form must P) reviews and ent for the Use of livery approach as arental Consent to
1. 2. 3. 4. 5. 6. 7. 8.	. I understand very during the COVID-19 declared state of rvention (EI) services can be delivered in the Everyone who will be part of the session. My child who is receiving EI services is not Everyone who is in the home or location assession will remain at least 6 feet away from Everyone who will be participating in the hand sanitizer immediately before the seal will provide the therapist or teacher accuration, immediately before beginning the I will monitor the health of myself, my chamake sure that the session does not need if I have signed consent for teletherapy:  a. COVID-19 symptoms, such as fever taste or smell, etc.  b. Having tested positive for COVID-19 c. Being told by a doctor or the NYC T I will notify my Service Coordinator and not session or when I am asked by the therapulf an in-person session must be cancelled of and not in addition to the in-person session.	f emergency. he safest way and is over the required to where the Elform where the session will was soon begins the session and ild and othered to be re-school, cough, shorest & Trace to the replaced and replaced session.	I agree to the possible. The age of 2 year a face services are ne session is a wash their had and immedia soap and part after the sets in my homeduled for a stress of bread the sets are to remark the sets are to remark the sets of the sets are to remark the sets of the sets are to remark the sets are to remark the sets of the sets are to remark the sets of the sets are to remark the sets are the sets are to remark the sets are	ears will we covering do being delived taking place ands with sately after in a per towels ession ends the foot between the f	ear a face uring sess vered but e. oap and vered to wash as sollowing syllays later muscle particles are to COV a households.	covering sions. not direct vater or usend dry the sort delivering in, sore the sick it telethera	thy child's Early  thy involved in the use an alcohol-based heir hands after before each visit to red via teletherapy hroat, new loss of in advance of the apy session is instead
	The therapist will not bring toys or mater ve received a copy of "Your Family Rights in the control of the cont			_	20000110	and that	. I- a b a
Pare	ent/Guardian Name (Print)	Parent	t/Guardian S	ignature			Date