

Consent for In-Person Family Infant Toddler Program Services During Covid-19 Health Emergency

Child's Name:	DOB:
Address:	
FIT Provider Agency	
Services to Be Delivered In-Person:	
Services to Continue via Telehealth:	

Instructions: This consent must be completed prior to initiating or resuming ongoing in-person Early Intervention services.

I, Parent/Guardian (Print Full Name) _____, agree to meet in person for Family Infant Toddler Program early intervention services. I agree to the conditions below, which are in place to ensure my child's services can be delivered in the safest way possible.

- I have received the enclosed "Facts About COVID-19" and will review with my family.
- In person services will only occur if everyone in the home is COVID-19 symptom free. I will monitor the health of myself, my child, and others in my home for the following symptoms before each visit to ensure the visit does not need to be rescheduled or held via telehealth:
 - Fever, cough, shortness of breath, chills, muscle pain, sore throat, nausea/diarrhea, new loss of taste or smell.
- If anyone in our home is exposed or test positive to COVID-19, I will immediately notify my FIT service provider and understand that my child's scheduled services will be rescheduled or changed to telehealth.
- I will ensure family members will take their temperature before the scheduled visit and inform service provider of any family member with an elevated temperature of 100.4 Fahrenheit or more. If our family does not have a thermometer, I will notify our Family Service Coordinator.
- I understand in-person visits will be rescheduled or changed to telehealth if anyone in the home (family or FIT service provider) has been exposed to COVID-19.
- I understand that only one (1) adult family member may participate in the in-person visit.
- I understand that only one (1) FIT service provider may participate in the in-person visit, however, other service providers may attend the same visit via telehealth.
- I understand early intervention service providers will take their temperature before the scheduled visits and will conduct the visit via telehealth or reschedule if their temperature is elevated (100.4 Fahrenheit or more).
- Everyone in our home or location where Early Intervention services are being delivered but not directly involved in the session will practice social distancing. Person involved in the early intervention services will practice social distance as is practical based on the intervention.
- I understand that anyone who will be part of the in-person visit must wear a face covering except for children under the age of 3 years.
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- Note: Parents/Guardians or early intervention service providers may use alternate face coverings such as clear masks or face shields for therapies or interventions that require visualization of the lips and mouth, but a face covering is required.
- I understand everyone participating in any scheduled session must wash their hands with soap and water or use an alcohol-based hand sanitizer immediately before the session begins and immediately after it ends.
- I understand that until further notice in-person visits are to occur outside, if an outside location is not available, scheduled visits will take place via telehealth.
- I understand I may return to telehealth services at any time. I may also have services provided via combination of in-person and telehealth. I will discuss with our early intervention team the way in which services will work best for my child/ren and family.
- I understand I may contact the Family Infant Toddler Program regarding any concerns I may have regarding COVID Safe Practices being followed during our in-person services. I may also contact the Family Infant Toddler Program regarding any other concerns regarding early intervention service providers. The Family Infant Toddler Program may be contacted at 1-877-696-1472 or Fit.Program@state.nm.us

 Parent/Guardian Print Name

 Parent/Guardian Signature Date

 Early Intervention Service Provider Print Name

 Early Intervention Service Provider Signature Date