PBT Waiver

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(print parent name)** acknowledge that I wish for my child ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(print child name)** to receive stationary services from an RBT who has not taken the Covid-19 vaccination. I understand the need for my child to receive these services as they are vital for his growth and development in the future. I fully accept the risks that my child may face. These risks include but are not limited to the contraction of the Covid-19 virus.

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Signature

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Date