

## Find Your Fit Consent Form

I, hereby provide consent for					
(Print Full Name of Caregiver/G	uardian)		Client's No	ame (Child's N	lame)
to participate in Boomerang Health's Find Your Fit group.					
Please place a checkmark next to the statement(s) below that you are in agreement with:					
I agree that I have received information about the nature of the group and the expected outcomes					
I am aware that a health record was created for my child and that all of his/her records are confidential					
I have been informed about how to access Boomerang Health's privacy policy (on the website)					
I understand that Boomerang Health will not share any information about my child with outside parties					
without my written consent (e.g. school, physician, community programs without my written consent)					
I agree to comply with all COV	ID-19 policies and pro	tocols at Boomerang H	lealth		
If my child is presenting with COVID-19 symptoms, or has been exposed to COVID-19, I will notify the clinic at least two hours prior to the start of the group to advise the clinic of my child's in-person absence.					
•		•			
Please read and initial next to the policies below that you are in agreement with:					
After each group session, an invoice will be provided to show that your child attended the session. If your child has missed a session, we are not able to issue an invoice for that date. We can only issue invoices for services that have been rendered.					
We will be taking photographs and videos as part of our group programming. These will be used as reflective exercises and will not be used outside of the group or shared with anyone else.					
ne of Caregiver/Guardian					
nature of Caregiver/Guardian					
ationship to Client (Child)		Date			 Year
	I agree that I have received in I am aware that a health record I have been informed about he I understand that Boomerang without my written consent (and I agree to comply with all COV If my child is presenting with the least two hours prior to the stand I understand that if my child is have provided two hours' not session virtually.  After each group session, and child has missed a session, services that have been rewided two hours' not session virtually.  After each group session, and child has missed a session, services that have been rewided two hours' not session virtually.  After each group session, and child has missed a session, services that have been rewided two hours' not session virtually.	(Print Full Name of Caregiver/Guardian)  Participate in Boomerang Health's Find Your Fit group  Asse place a checkmark next to the statement(s) below  I agree that I have received information about the many of	(Print Full Name of Caregiver/Guardian) Participate in Boomerang Health's Find Your Fit group.  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After each group session, an invoice will be provided to show that your child has missed a session, we are not able to issue an invoice for that of services that have been rendered.  We will be taking photographs and videos as part of our group program reflective exercises and will not be used outside of the group or shared the of Caregiver/Guardian and the care in agreement will not be used outside of the group or shared the caregiver/Guardian and the care in agreement will not be used outside of the group or shared the caregiver/Guardian and the caregiver/Guardian and the caregiver of the care	(Print Full Name of Caregiver/Guardian)  Client's Natarticipate in Boomerang Health's Find Your Fit group.  Asse place a checkmark next to the statement(s) below that you are in agreement with:  I agree that I have received information about the nature of the group and the expecte. I am aware that a health record was created for my child and that all of his/her records. 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