



201 Canterbury Lane, Suite C, Bolingbrook, IL 60440

## Parent/Guardian Permission and Release Form

Dear Parent/Guardian,

In addition to the permission and release form you filled out earlier this year, we are asking you to give permission at this time for your child to participate with our in-person support programs as we reopen throughout the summer in accordance with Governor JB Pritzker’s Restore Illinois guidance. We will continue to offer digital opportunities through at least phase 3 for your child to join, if you are uncomfortable with allowing in-person meetings. We will keep you updated as we enter new phases of Restore Illinois and how it affects our programing. A complete listing of our services at this time can be found on our website at [www.HeartHavenOutReach.org](http://www.HeartHavenOutReach.org).

In order for your child, \_\_\_\_\_, to participate, we need your permission. Please read the following and indicate your permission or lack thereof for each item. Then please return this form either by postal mail (address above), fax to 630-226-8507, e-mail to [Info@HeartHavenOutReach.org](mailto:Info@HeartHavenOutReach.org), or through your child. If you have any questions or concerns, please do not hesitate to give us a call at 630-226-8403.

Sincerely,  
The Staff of Heart Haven OutReach

- I give permission for my child to participate in-person with H<sub>2</sub>O programs. I certify that my child is in good health and free from communicable disease. If my child is experiencing any of the following symptoms I will keep them home from program: fever, abnormal cough, abnormal sore throat, difficulty breathing or a shortness of breath, abnormal muscle aches, unusual or abnormal headaches, loss of taste or loss of smell, abnormal chills, gastrointestinal concerns, or any symptoms of COVID-19. Also, if my child, or anyone in our household, does come into close contact with anyone who has tested positive for COVID-19, we will follow all recommendations from health officials before joining back with in-person programs. Furthermore, on my own behalf and on behalf of the above named child, I hereby release, defend, and hold H<sub>2</sub>O harmless from any and all claims, demands, judgments, lawsuits, personal injury, or property damage of whatsoever nature occurring, arising from, or related to the participation of the above named child.  
 Yes    No   Initials: \_\_\_\_\_

Please List any special precautions/health conditions/allergies we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian’s Name (please print) \_\_\_\_\_

Parent/Legal Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Best Phone Number at Which to Contact You: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best Time to Call: \_\_\_\_\_