



I, \_\_\_\_\_ hereby grant and authorize the fully vaccinated treating therapist to  
(Parent or patient, whichever applicable)  
provide services without the use of a mask under the new CDC guidelines, as of May 20<sup>th</sup>, 2021.

\_\_\_\_\_  
\_\_\_\_\_  
Print Name of Patient/Legal Guardian

Signature of Patient/Legal Guardian

\_\_\_\_\_  
\_\_\_\_\_  
Date

Relationship to Patient

**OR**

I, \_\_\_\_\_ decline authorization for the fully vaccinated treating therapist to  
(Parent or patient, whichever applicable)  
provide services without the use of a mask under the new CDC guidelines, as of May 20<sup>th</sup>, 2021.

\_\_\_\_\_  
\_\_\_\_\_  
Print Name of Patient/Legal Guardian

Signature of Patient/Legal Guardian

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Date

Relationship to Patient