

**COVID-19 Pandemic Nutritional Therapy – NAET – Craniosacral and NLP treatments and consultation consent form and liability waiver/disclaimer. Maria Esposito BSc (Hons) [www.nutritionhealth.net](http://www.nutritionhealth.net) – Tel. 07956662954**

Once you agree and sign this form, this form is kept safe and secured till the law requires. This form is valid for today and each follow up appointment that you have with me, Maria Esposito BSc, which requires near contact, and any of the treatments above listed that I do, since the pandemic of 2020. This form, is for appointments at my home and home visits, for face to face. If you are signing on behalf of your child/baby, you are agreeing the same terms and condition for your child/baby.

Your Name ..... Last name..... Date .....

Your child/baby Name ..... Surname.....

- I knowingly and willingly consent to have the treatments that I/my child/baby, require today, and any follow ups during the COVID-19 pandemic and for any other viruses/bacteria. I read Maria Esposito guidelines and take my responsibility for my face to face treatment, and any notice of risk, and for my baby/child treatment. By ticking this box, I understand and accept this statement for myself and/or my child/baby:
- To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow Maria Esposito clinic guidelines that are written on her website and/or emailed, or attached to a what's up text, to me prior to the appointment. By checking this box, I understand and accept this statement:
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I know that travelling in most affected Country might put myself and others at risk. If I have travelled to these of high-risk places, I will let Maria Esposito know, and have my appointments at least 3 weeks after I have travelled to these places. I confirm that I have not travelled in the past 14 days to Countries still highly affected by the COVID-19. By ticking this box, I understand and accept this statement:
- I confirm that if I travelled via bus or train, I have followed the Government guidelines, and that I carry a hand sanitizer with me to wash my hands, my child hands with it before entering Maria's premises.
- I understand that due to the frequency of visits of the other clients, the characteristics of the virus, and the characteristics of Maria Esposito treatments, that there is an elevated risk of contracting the virus by merely being in the clinic/home, or Maria Esposito travelling to my home via public transport, for home visits treatments. By ticking this box, I understand and accept this statement:
- I understand the COVID-19 virus has a long incubation period, during which carriers of the virus may not show symptoms, and still be highly contagious. It is impossible to determine who has it, and who does not, given the current limits in virus testing. Because of this, there Maria might need to give my contact number to the NHS if one of her clients unbeknown to them have caught the virus and had a treatment into her clinic. This is track and trace by the NHS. By ticking this box, I understand and accept this statement.
- I am willing and responsible for taking my temperature check, before I come to the appointments with Maria Esposito, for myself and/or my child/baby and household, to make sure that myself or my child/baby have no fever. I agree not to attend my appointment, if I or my child/baby, have the following symptoms of COVID-19 listed below: Fever, Shortness of breath, loss of sense of taste or smell, dry cough, runny nose, sore throat. By ticking this box, I understand and accepted this statement:
- I agree to bring my own clean unused socks for myself and my child to walk into the premises to be worn only for our appointment, which will be removed and changed straight after the appointment. I agree to bring my own water and pen for the appointment to use. I agree to wash my hands when entering the premises without touching anything or use my own hand sanitizer. By ticking this box, I understand and accept this statement:

I understand, read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure. I understand that this document is to provide the best possible client experience when visiting.

Date.....

Name & Surname ..... Signature .....

Signing on behalf of my child/baby (name) ..... Signature .....

Maria Esposito will follow the Government and her association guidelines to keep the premises safe as much as possible. Check her website for her guidelines to keep premises as safe as possible.