

CONSENT TO PARTICIPATE IN BREASTFEEDING CLASS

PURPOSE. The purpose of this form is to obtain your consent for participation in the CHA Hollywood Presbyterian Medical Center Breastfeeding Class and to advise you of the potential risks associated with class attendance during the SARS-CoV-2 (COVID-19) pandemic.

NATURE OF THE CLASS. The breastfeeding class will be held at an indoor location with ample space to allow for social distancing, as advised by and/or mandated by healthcare providers, healthcare officials, and by state, federal, and local governmental regulatory agencies.

REQUIREMENTS. Non-family members and persons in attendance who are not living within the same household will be required to maintain adequate social distancing of no less than six feet at all times before, during, and after the class while on the Hollywood Presbyterian Medical Center premises.

The hospital will allow sufficient physical space where the class is held to allow for social distancing. Further, at all locations within the hospital, including during the breastfeeding class, the use of a mask or other approved facial covering over the mouth and nose will be required at all times.

Although CHA Hollywood Presbyterian Medical Center maintains the above-described protocols to limit the risk of exposure to SARS-CoV-2 (COVID-19), among other precautions in place to limit exposure and infection, there is always the potential for exposure in a setting where members of different households are present in the same location.

UNDERSTANDING AND CONSENT. By signing below, you acknowledge that that you have read the above and understand the potential risks of exposure to SARS-CoV-2 (COVID-19) by attending the CHA Hollywood Presbyterian Medical Center Breastfeeding Class and that you consent and agree to abide by the social distancing and mask or approved face covering requirements identified above. By signing below, you also consent to attend the class with persons who are outside your household and understand and accept the risks of exposure to SARS-CoV-2 (COVID-19) associated with attending the class.

I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read, understand, and agreed to the terms stated in this consent form.

Print Name: _____

Signature: _____

Date: _____