



## ATTENDANCE POLICY

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for choosing Pediatric Therapy Partners to serve you and your child. In order to achieve optimal gains in therapy, we have found it necessary to maintain a 90% attendance rate.

I parent/caregiver agree to:

- Arrive on-time for therapy appointments.
- Notify the office or my child's therapist 24 hours in advance for a cancelled appointment and two hours in advance for an appointment missed due to illness at 614.433.0132.
- Remain in the therapy session with my child unless otherwise specified by the therapist.

I understand that:

- If I fail to cancel my appointment within 24 hours I may be asked to pay a cancellation fee in the amount of 50% regular session fee. We offer one grace for no show appointments after which a fee will be charge.
- My child may be discharged from therapy if two consecutive sessions are missed without notifying the therapist.
- My child may be discharged from therapy if I frequently cancel sessions, even with notice.
- During inclement weather conditions, therapy sessions will take place as scheduled unless you are notified by the therapist.

We understand that illness and other factors may cause you to cancel some appointments and we will review each case individually.

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I have reviewed the above information with my child's therapist and understand my responsibilities as a partner in my child's therapy.

Parent/Caregiver: \_\_\_\_\_

Home Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_