



Waxhaw NC 28173
P: 980-218-0515 F: 980-265-0015

Sick Policy and Cancellation Policy

FEVER

Fevers are common in young children, but often a sign that something is wrong. If your child has a temperature of 100.4 or higher, please cancel his/her therapy session.

Our policy is that your child must remain fever free (without the use of fever reducing medication) for 24 hours before attending therapy.

Coughs and Colds

Colds are a common occurrence, however, there are some symptoms that warrant cancelling your child's appointment. These symptoms may include: persistent cough (particularly if it worsens with activity) or has green or yellow nasal discharge. Symptoms may or may not be accompanied with a fever. If your child remained home from school/daycare, we ask that you also cancel your child's therapy session.

If your child has a slight cough or cold, we just ask that you demonstrate proper hand washing and encourage your child to cover his/her mouth when coughing.

Rash

A rash can be a sign of many illnesses, such as measles or chickenpox. If your child has any sort of rash, please do not attend therapy until you have gotten the "ok" from your child's pediatrician.

If you have any questions about whether or not your child is well enough to participate in therapy, please don't hesitate to call. We understand and empathize with parents when their children are ill and we acknowledge it can be frustrating to have to cancel. But we do ask that you help us control the spread of any illnesses to our therapist as well as other children and their families.

CANCELLATION POLICY

- A 24 hour notice is requested in canceling your child's appointment.
- **A charge of \$45 will be incurred if the 24 hour notice is not received.** *We do understand that emergencies arise, so if you must cancel due to illness or emergency, the \$45 charge will be waived if you call the office before 7am on the day of your child's appointment.*
- Should you fail to call to notify the office and/or your therapist of a cancellation, you will be charged an \$80 "no show fee".

My signature indicates that I understand and accept the conditions stated above.

Signature of parent or guardian

Date

Child's Name