CAPERNAUM PEDIATRIC THERAPY, INC.

CORPORATE OFFICE: 7250 France Avenue, Suite 305, Edina, MN 55435-4313

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ATTENDANCE POLICY

► *Please keep this form for your records.*◄

CANCELLATION POLICY

The frequency of your child's therapy has been agreed to by his/her therapist, physician, and you. This frequency has been determined to be the most beneficial for your child to maximize the therapeutic effect of treatment and to adapt the program to his/her changing skill levels. The more consistent the treatment and home program follow-through, the greater the success in goal achievement.

NO SHOW POLICY

It is important that your child receive his/her therapy services as scheduled. If there is no attempt to contact the therapist before a missed visit, it will be considered a "No Show." There will be a $30.00 charge for no shows or late cancellations (less than 24 hours) except in the case of emergencies, illness, or dangerous weather. After two no show visits, a reminder letter will be sent. After the third no show, therapy will be discontinued. Re-admission at a time when attendance would be more successful may occur on a first-come, first-served basis.

HOME-BASED ONLY: If you need to cancel a visit, please make every effort to contact the therapist directly, not the administrative office. Try to let the therapist know 24 hours in advance. Be sure to keep your therapist's phone number(s) in a handy location, or record their number(s) below.

ATTENDANCE DUE TO CHILD'S ILLNESS

Capernaum's therapists are concerned about treating any child who is ill, as well as protecting other children and staff.

SYMPTOMS: Your child should not be seen for 24 hours after starting antibiotic and/or antivirus medication, or 24 hours after the following symptoms:

- fever of 100 degrees or more
- vomiting
- diarrhea
- excessive coughing
- excessive green nasal drainage
- sore throat

If a therapist is unable to provide service for more than two weeks due to illness, vacation, etc., every effort will be made to provide a substitute therapist.

Please keep the following information for your reference.

Therapist's Name: _____ Contact #: _____

Therapist's Name: _____ Contact #: _____

Interpreter's Name: _____ Contact #: _____

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"Whoever welcomes in my name one of these children, welcomes me; and whoever welcomes me, welcomes not only me, but also the one who sent me." Mark 9:37