



ARNOLD PALMER HOSPITAL
For Children
Supported by Arnold Palmer Medical Center Foundation

LINE UP PATIENT I.D. LABEL HERE

925 South Orange Ave. Orlando, FL 32806 1555 Howell Branch Rd. Suite B1, Winter Park, Florida 32789
 Ph: 407.237.6387 Fax: 407.649.7617 Ph: 407.645.2081 Fax: 407.645.4574

Therapy Participation Agreement

Success with therapy is contingent upon consistent attendance to therapy and practice at home.

We will make every effort to arrange convenient appointment times to fit within your family's schedule. In turn, your commitment to therapy is critical to your child's success.

- Arrive at least 5 minutes before each of your child's scheduled therapy appointment.
- Inform us at least 24 hours in advance if your child will not be able to attend their scheduled appointment.
- If you arrive late to your scheduled appointment we cannot guarantee your child will be able to be seen, however, we will work with you to reschedule services.
- If you are not in the therapy session with your child and the therapist, then for the safety of your child we require that you remain in the lobby without leaving the entire time your child is in their therapy session(s).

Late arrivals, absences, or frequent cancellations of your child's appointment interfere with their progress and impede us from effectively serving your child.

Discharge from therapy services and notification to your child's physician will occur when:

1. Two therapy sessions in a 4 week period are missed without providing notice at least 24 hours in advance of your child's therapy appointment.

-OR-

2. Two missed appointments or late arrivals within a 4 week period

Your signature below indicates you have read and will comply with this Therapy Participation Agreement:

Patient Name (printed): _____

 Parent/Guardian Signature

 Date

 Time

 Team Member Signature

 Date

 Time

INTERPRETER ONLY

(Please Print)

Name: _____ Agency: _____

Telephone: _____ Language: _____