



Infection and Emergency Control

How we reduce the spread of germs:

We sanitize our hands and toys after each session. We instruct the therapists to sanitize child's hands prior to session. We keep hand sanitizer in the lobby for anyone to use.

If your child is sick, please reschedule. Sickness includes, fever or vomiting in last 24 hours, excessive cough or runny nose or any contagious ailment such as pink eye, hand and foot disease, croup cough or RSV. Symptoms which may prevent the therapy session from occurring include fever, serious and persistent coughing/sneezing and or persistent discharge from eyes, nose or ears or diarrhea, this includes bacterial or viral infections.

Emergency medical treatment procedures:

In the event of an emergency during the session, and the caregiver is not present to make decisions, I understand and give permission for 911 to be called and for my child to be transported to the nearest hospital. Emergency can be defined as an event in which the therapist or staff member feels the child's health is in immediate danger. Parents assume all the medical cost as a result of this action. In addition, I understand an emergency number must be left and I should be no more than 15 minutes away from the facility in travel time.

I have read and understood the Protocol for Service and agree to follow provisions listed above.

Child's Name: _____

Parent/Guardian Printed Name: _____

Signature: _____ **Date:** _____

RELEASE OF LIABILITY FORM

The undersigned hereby releases Children's Therapy Connections, from liability and agrees to indemnify it and holds harmless its employees, independent contractors, representatives and agents for any personal injury, loss or damage to property arising from activities in any therapy group, class or event. The undersigned agrees to comply with the rules and regulations set by Children's Therapy Connections and the safety provisions established for all activities at this location.

Child's Name: _____

Parent/Guardian Printed Name: _____

Signature: _____ **Date:** _____