

## CONSENT TO TREAT / ATTENDANCE POLICY

**Consent for Treatment:** I hereby authorize Kidsplay Therapy Center and its employees or sub contractors to provide treatment for my child based on IFSP/Physician Treatment Plan/ GVA plan until otherwise notified in writing or verbally.

### **Attendance Policy:**

At Kidsplay Therapy, we understand that sickness can occur and with busy schedules there can be times you cannot make a therapy appointment. We feel that your child's therapy is very important and regular attendance is necessary to make continued progress with our goals.

I understand that I am responsible to have my child present for **at least 80%** of scheduled therapy sessions.

I agree to call at least **24 hours prior** to cancellation if at all possible.

I understand that **2 consecutive absences** without prior notification may result in termination of services.

If you are not present for a scheduled appointment and have not called, you will be charged a \$25 fee per child. If your child's appointment can be rescheduled during the same week you will not be responsible for payment of any fees.

I have read and understand the consent for treatment and attendance policies and agree to follow these guidelines.

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**Parent/Guardian**

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**Date**