**SICK POLICY**

Children cannot attend therapy if one or more of the following conditions exist:

1. The illness prevents the child from participating comfortably in therapy activities
2. Symptoms and sign of possible severe illness such as lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting, rash, fever, mouth sores with drooling, wheezing, behavior change, or other unusual signs.
3. The child has been diagnosed with a contagious disease

We require your child be free of symptoms of illness: temperature, diarrhea, or vomiting for at least 24 hours.

**I, the undersigned, understand the above conditions to be a legally binding agreement.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**