



Children’s Hospital of The King’s Daughters, Inc.
601 Children’s Lane, Norfolk, VA 23507-1910

Sports Medicine Therapy Services-Landstown

ATTENDANCE POLICY AND
PARTNERSHIP PLEDGE

Patient Label or MRN, Acct#, Patient Name, DOB, Date of Service

Thank you for enrolling your child in therapy services at Children’s Hospital of The King’s Daughters. Your child’s recovery is important to us and is greatly dependent upon your commitment to consistent attendance.

Attendance at therapy sessions and completion of prescribed home exercises is essential to your child’s recovery. Please view physical therapy and the therapist’s prescription of exercises and/or restrictions like you would a prescription from a physician and ensure that your child follows the therapist’s recommendations.

Attendance Requirements:

- If you must cancel or reschedule an appointment, contact the department at **668-2727** at least 24 hours prior to the scheduled appointment time whenever possible.
- If you arrive more than 15 minutes late for your scheduled appointment, the therapist may not be able to provide therapy to your child.

Following the Department policy, we will remove any future appointments from our schedule if you miss 2 appointments in a row without prior notification.

We charge a \$25 fee for any “no shows”. PLEASE be sure to call and cancel any appointments that you will not be able to attend.

Reminders:

- Sick or contagious children should be kept at home.
- Have siblings/other children wait in the waiting area with supervision.
- Practice the therapist’s recommendations at home and ensure that your child completes his/her home exercise program to assist with your child’s progress.
- If your child is younger than 14 years old, you must remain in the waiting area throughout the therapy session. Do not leave the center for any reason.
- If your child is 14 years of age or older, you may sign a consent form allowing us to treat your child while you are not in attendance. If this form is signed, you may leave during your child’s session or your child may arrive and be treated without a legal guardian present.
- Ensure that you provide us with up-to-date insurance information for proper authorization. Failure to do so may result in you becoming financially responsible for the entire therapy bill.

Department Phone Number: 668-2727

I have read the Attendance Policy and Partnership Pledge and agree to abide by this policy.

Child’s Name or Signature: _____

Parent/Guardian Signature: _____ Date/Time: _____

Parent’s Cell Phone #: _____

Child’s Cell Phone #: _____