

Southland Therapy Services, Inc.
PO Box 30606
Savannah, GA 31410
Phone: (912) 335-1650
Fax: (912)-335-2377

Cancellation and Sick Policy

Please initial each line:

_____ I understand that if my child becomes ill I should cancel therapy until my child has remained fever-free (without pain relievers) and/or symptom free for at least 24 hours. Symptoms include: diarrhea, throwing up, rashes, strep throat (must be on antibiotics for at least 24 hours), and severe cold / flu symptoms as determined.

_____ I understand that if I must cancel a therapy session, I should call my therapist at least 24 hours before the session. The therapist will provide me with her contact number.

_____ I understand that Southland Therapy Services, Inc. may discontinue services when 2 sessions are missed without prior notification. (No Shows)

_____ I understand that excessive cancellations will also provide STS inc. reason for discontinuing services. This will be determined at the discretion of the owner of the company.

_____ I understand that Southland Therapy Services, Inc. will try to reschedule any therapy sessions that are cancelled by either the patient or the therapist.

Patient Name: _____

Parent or Legal Representative Signature: _____

Therapist Signature: _____

Date: _____