**INFECTION CONTROL**

**Communicable Disease Policy**

POLICY:

It shall be the policy of Flourish Pediatric Therapy and Lactation, LLC to abide by the following:

All patients, or parents or guardians of patients, shall telephone to cancel and reschedule appointments when the patient may have one or more symptoms of a contagious disease. This will aid in the protection of the therapist, other clients, and family members.

Symptoms: Fever >100 degrees F

 Vomiting / Nausea

 Open / Draining Lesion

 Lice

 Chicken Pox

 Measles

 Productive cough

 Impetigo

 Conjunctivitis / pink eye

 Strep Throat

 Diarrhea

 Any Other Contagious Disease Not Listed

I agree to abide by the above stated policy:

Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_