**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_