

# Bridges to Bright Futures

## Schedule and Procedures – FIRST VISIT

Therapists must review with parent(s) on first home visit for services delivery. Keep scanned original in the child's record and give a copy to the parent(s).

INFORMATION ABOUT CHILD REFERRED TO THE EARLY INTERVENTION PROGRAM		
CHILD'S NAME (LAST, FIRST):	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:
ADDRESS:	HOME PHONE:	ALTERNATE PHONE:

### Cancellations and Make-up Visits

There are times when it's unavoidable that a session must be cancelled. Any make-up sessions must be scheduled within 10 days and within the authorization period or the session may be forfeited.

Yes, I understand this procedure. Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I understand this procedure. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Ongoing Evaluations

Ongoing evaluations are an important procedural step that ensures your child remains on track to achieve the outcomes specified in the IFSP. Please sign below to give your consent for Bridges to Bright Futures to perform ongoing evaluations of your child's progress.

Yes, I agree and consent to Bridges to Bright Futures performing ongoing evaluations for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Illness and Sick Policy

It's very important to create a strong learning environment for children, one that takes into consideration the health of all of the children in the early intervention program and the therapists who are providing services. Sessions should be cancelled if a child or therapist is sick, and rescheduled within 10 days. Both parties should strive to provide as much notice as is feasible in order to make-up the cancelled session as early as possible.

If a child or another person in the household becomes ill immediately before a session, the parent/caregiver should notify the therapist immediately upon arrival. Some examples of common, contagious illnesses and symptoms that will require the cancellation of a session include:

#### **Illnesses**

Flu and serious colds  
Gastroenteritis or stomach flu  
Strep throat  
Ear infections  
Pink eye (conjunctivitis)  
Head lice  
Impetigo

#### **Symptoms**

Fever and chills  
Vomiting  
Diarrhea  
Sore throat with fever (strep throat)

Please make sure that the child received early intervention services or other household member is fever-free for at least 24 hours before continuing services. Likewise, all therapists must provide medical clearance from a physician in order to return to work if they were recently diagnosed with a contagious illness.

Yes, I understand this procedure. Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I understand this procedure. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Change of Health Status – Medical Clearance

After a significant change in a child’s health status or in the event of a contagious illness/condition, medical clearance must be obtained before treatment occurs or continues. The medical clearance must state whether or not a child’s health status poses any possible risk in treatment. Prescriptions must clearly state that physical therapy, occupational therapy and/or feeding/speech therapy can resume without any restrictions.

Yes, I understand this procedure. Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I understand this procedure. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BRIDGES TO BRIGHT FUTURES

## Authorization for Alternate Signature

### Parental Authorization for Caregiver Signature on Daily Log Notes

I, \_\_\_\_\_, the parent / legal guardian of \_\_\_\_\_  
*(please print)* *(please print)*

\_\_\_\_\_, give my permission to Bridges to Bright Futures to have the daily log notes

signed by the following authorized individual(s). I certify that each person is 18 years of age or older.

Caregiver's Name (please print)	Relationship to Child	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date