sproutlings
PEDIATRIC DAY CARE & PRESCHOOL

Permission to Receive Therapy Services

Located in Kosair Charities Center on
Masonic Homes Kentucky's Louisville Campus

3800 Tom Larimore Lane • Masonic Home, KY 40041
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223
SproutlingsDayCare.com

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

SCHOOL YEAR: _____

Please complete the chart, specifying what organization, or company, will provide your child's therapy (First Steps, APT, Greenhill, independent, etc.) and include all types of therapies (PT, OT, ST, behavioral, vision, etc.)

THERAPIST'S NAME	COMPANY	DISCIPLINE	DAYS OF THERAPY	TIME	AT SPROUTLINGS (S) AT HOME (H)

_____ I give my permission for my child to receive the therapy services as listed above while he or she is attending Sproutlings during normal hours of operation. I understand that therapists are required to provide adequate supervision for my child during all therapy sessions and that Sproutlings staff is not responsible for my child during therapy. The therapist is solely responsible for devoting full-time attention to my child and ensuring that he or she is within scope of vision and range of voice.

I understand that if my child requires nursing care during therapy sessions, it is the responsibility of the therapist to notify appropriate nursing staff in order for my child to receive the needed care.

Parent/Guardian Name (printed): _____

Parent/Guardian signature: _____ Date: _____

(Rev. 7/20)