

PATIENT AGREEMENT POOL

Welcome to the Diamond Physical Therapy Associates, PC aquatic physical therapy program. Your safety and the safety of others are our primary concern. Please familiarize yourself with the facility information and the pool regulations below.

1. Notify your therapist of any changes in your medical status or any medication changes.
2. Please remove earrings and necklaces prior to your pool session.
3. Please refrain from chewing gum or eating in the pool area.
4. Diving is not permitted in the therapy pool, children's play pool, and the main lap pool.
5. Please walk (don't run) on the pool deck, as it is very slippery.
6. Please accompany your child on the pool deck at all times.
7. Enter and exit the pool at the ladders, stairs, ramp, or by use of the lift.
8. All patients must receive assistance by their therapist when using the lift.
9. A parent or caregiver is welcome to be in the pool with the therapist and the client if their participation is indicated for the purpose of family teaching.
10. Family members, siblings, and caregivers not involved in a client's session are welcome to use the facility during the therapy session by purchasing a day pass. Clients, who wish to use the facility after their session or at other times, may also purchase a day pass. Children under 14 must have adult supervision in the pool area at all times.
11. Random safety drills may take place during your therapy session. If you hear the whistle blow, please stop your activity, come to the pool wall, and await further direction by the pool staff or your therapist.
12. Please do not enter the pool until your therapist is present. Your independent use of the pool prior to or after your therapy session is at your own risk. Diamond Physical Therapy Associates, PC is not responsible if you are injured in the pool at any time other than during your therapy session.
13. Since we do not own the pools that we use for therapy, we have no control over last minute schedule changes and pool closings. We regret that these do occur from time to time. We will make every effort to inform you as soon as possible and reschedule your session.

I understand the above facility information and the pool regulations.

Patient, Parent, or Guardian Signature

Date

Patient's Name