



Innovative Therapy Services
Pediatric Speech-Language Services

1090 Homestead Rd.
Santa Clara, CA 95050
Phone/(408) 241-2229
Fax/(408) 516-8585

Vacation Form

This is to inform Innovative Therapy Services of a planned cancellation of therapy. Please complete the form and return it to your therapist or the clinic office manager at least one week before your planned vacation.

Parent/Legal Guardian: _____

Child: _____

Date: _____

Date(s) to be cancelled:

Date to resume : _____

Make-up sessions may be available dependent on therapist availability. Please meet with your therapist or the office manager to schedule these sessions.

Dates of make-up sessions (as discussed with therapist/office manager):

Parent/Legal Guardian Signature

Date received: _____

Authorized signature: _____