

DESIGNATED VISITOR LIST

Visitor Information & Policies

- Parents/guardians plus 4 additional names can be added to the visitor list for a maximum of 6 names
 - This includes siblings and grandparents
 - Clergy members are not counted on this list, but name must be provided
- Names on the list may be changed **ONCE** per day
- To change the list, families can:
 - Sign up to receive daily reminders by opting in to text messages. Text slchvisit to 333111.
 - Bring the updated form to the 2nd floor desk
- For your family's safety, we cannot accept changes to the list over the phone
- Exceptions to the visitor list are made on an individual basis by contacting your child's Social Worker
- Guests under the age of 12 years must be accompanied by an adult over 18
- Guests between the ages of 12-17 that have been granted an exception to stay after visiting hours must be accompanied by an adult
- Identification badge must be worn while in the hospital and should not be shared with other guests

Visiting Hours

Parents, Guardians, Grandparents

24 hours a day, 7 days a week

Pediatric Behavioral Health Unit

6:00 a.m. – 8:00 a.m.; 10:30 a.m. – 12:30 p.m.;
 4:00 p.m. – 6:00 p.m.

All other guests

9:00 a.m. – 9:00 p.m. daily

| Room # | Name of Patient | Today's Date | Time |
|--------------------------------|--|--------------|------|
| #1 Name | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Other: | | |
| #2 Name | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Other: | | |
| #3 Name | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Other: | | |
| #4 Name | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Other: | | |
| #5 Name | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Other: | | |
| #6 Name | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Friend <input type="checkbox"/> Other: | | |
| Personal Clergy Member's Name: | | | |

Is there anyone non-custodial that you do not give authorization to visit your child (see Social Work)?

Form Completed by:

Relationship to Patient: