GROUP EVENT AND SPECIAL GUEST POLICIES

Thank you for your interest in visiting our patients. In welcoming guests to our facility, we ask that you adhere to the important guidelines that follow in order to provide a positive experience for both the patients and your organization.

Please review all of the following information before completing the attached form and returning it to the Hospital School & Child Life Coordinator at least 2 weeks prior to your intended visit.

After reading these policies, if you still have questions, please call (601) 984-2110.

BEFORE YOUR VISIT

- Group events are only scheduled twice per month on a first come, first serve basis. Events can occur at 10:30 a.m. or 1:45 p.m.

- Group members 16-18 years of age must be chaperoned by adult members of the visiting group. Because of infectious disease policies, we cannot have visitors under the age of 16 on patient floors.

- Groups of more than 20 people cannot be accommodated.

- Group events will be scheduled in our lobby or weather permitting, in our Rainbow Garden, which limits the types of events we can host. Events include, but are not limited to: Performances, Skits, Puppet Shows, Music Presentations, Sporting camps, etc. The event must be pre-approved by Child Life staff.

- It is imperative that all members of the group be FREE OF INFECTION. Anyone who has experienced symptoms of/or been exposed to someone with the flu, measles, mumps, hepatitis, chicken pox, rash, diarrhea or vomiting should not visit.

- Please let the Child Life Staff know if you will be arriving by bus, which requires prior parking arrangements.

- Please be in the Batson Children’s Hospital lobby at least 30 minutes early. If you are going to be late or need to cancel your visit, please contact Child Life immediately. We reserve the right to cancel visits for groups more than 15 minutes late.
Dress should be business casual and appropriate for a hospital setting. No open-toed shoes are allowed in activity rooms.

Patients can be very sensitive to smells. Therefore, it is important that when you are near patients, you do not smell of tobacco products, strong perfumes, or body odor.

### DURING YOUR VISIT

- Personal cameras of any kind are not allowed on patient units. If your group would like to take a photo in the Batson Children’s Hospital lobby, that is permitted.

- If your group is presenting a monetary donation or gift cards to the hospital, please contact the Office of Development prior to the visit at (601) 984-1101.

- Cell phones, i-Pods, pagers, etc. should be turned off or silenced while visiting.

- Groups are not permitted to contact media without prior approval from the Division of Public Affairs. Public Affairs can be reached at (601) 984-1100.

- Please don't ask about the diagnosis or condition of any patient. Because of the Health Information Protection and Portability Act (HIPAA), we must maintain the confidentiality of this information.

- Toys or favors approved by the Child Life Staff may be distributed to patients (see attached Wish List). Please plan on providing for 100 patients. No food or candy may be distributed.
INFORMATION FORM FOR GROUP EVENTS AND SPECIAL GUESTS

Name of Group/Individual:__________________________________________________________

Address:________________________ City:_____________ State:_____ Zip:______________

Contact Person:_____________________________ E-mail Address:_____________________

Daytime Phone Number:_______________ Number in Group:_______ Ages:______________

Preferred Date/ time of visit: (See Policies for available times)

1st choice:_____________________________ 2nd choice:_____________________________

Date/Time

Please describe your Group Event:____________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please list any gifts, handouts, etc. that you will be bringing.______________________________

______________________________________________________________________________

As a representative of the above-named organization, I have read the Group Event and Special Guests Policies and affirm my group’s willingness to adhere to these guidelines.

Signature:_____________________________ Date:_________________________

Please return to: Batson Children’s Hospital, Child Life Services, 2500 North State Street, Jackson, MS 39216 or fax to (601)984-5060.

For office use only:

Scheduled by:________________________ Notes:______________________________