

University of Michigan Health System C. S. Mott Children's Hospital Group Visits / Entertainment Guidelines / Application

Thank you for your interest in volunteering your time to provide a group visit and entertainment to the patients and families. Please consider the following visitor guidelines before you seek to schedule your visit at C. S. Mott Children's Hospital.

- ❑ All community visits must be **screened, approved and scheduled** in advance.
- ❑ Community visitors must be met in the lobby near Big Bird, escorted to the visitor badging stations and be **accompanied by UMHS staff** while in the hospital.
- ❑ Most visits / performances take place in small community spaces on the inpatient units. Please do not expect to visit patients in their rooms. Since space is limited, visitor **group size will be limited to 9 persons**. **Individuals not directly related to the visit / performance will not have access to the inpatient area**. Visits / entertainment will be scheduled to occur **Monday – Friday between the hours of 10am and 7pm** and should be approximately one hour in length.
- ❑ Please **respect patient confidentiality and privacy**. Do not ask a patient, their family or staff to share information related to the patients' personal, psychosocial or medical needs. **Photographs and videotapes may not be taken** of patients or their family members.
- ❑ According to infection control policies, visitors must be **at least 16 years old and in good health**. Anyone who has experienced exposure to or has symptoms of flu, measles, mumps, hepatitis, chicken pox, fever, rash, diarrhea or vomiting within the past four weeks may not visit.
- ❑ The patients range in age from newborn to nineteen years old. Please **prepare your visit appropriately** for the ages of the children and their level of acuity. Hospitalized children may have decreased enthusiasm secondary to their illness / injury. Please consider how necessary participation is for your visit and understand that **children may come and go during the event**.
- ❑ Remember to be sensitive and respectful of the diversity of our patients. **Religious and/or political content is prohibited**.
- ❑ Please stay away from threatening themes such as separation, abandonment, fear, illness, mutilation, death and inappropriate gestures. **Avoid emotional songs, stories, or plays** that may evoke strong feelings of sadness, anger, etc. **Costumes should be appropriate** for the setting and not frightening. **Faces must be left unmasked** and uncovered. Do not include latex balloons, fire, sharp objects or play weapons in your performance.
- ❑ **All gifts, food and non-food items** must be approved by UMHS staff before you arrive. Food items must be commercially prepared, in their original package and can not contain nuts. Due to the potential for severe allergic reactions and the risk for choking accidents, **latex balloons are strictly prohibited**.
- ❑ Visitors should **dress in a casual but professional manner**. Shorts, mini-skirts, halter tops, sweat suits, sandals or flip flops are not permitted. **Please avoid perfume and colognes**.
- ❑ Consider how **the medical environment may affect your visit**. You may not be prepared for the impact that seriously ill or severely injured children may have on you. If you begin to feel ill or emotional, please speak with your UMHS staff group leader.

UNIVERSITY OF MICHIGAN HEALTH SYSTEM
C. S. MOTT CHILDREN'S HOSPITAL

APPLICATION FOR ENTERTAINMENT

Name of Group / Performance: _____

Contact Person: _____ Phone: _____

Address: _____

E-Mail: _____ Fax: _____

Description of Presentation:

How many people (total) will be coming to the hospital: _____

What times/days of the week work best for your group: _____

Please describe how your visit will be of benefit to the patients and families and what specific items (if any) will you be bringing with you for the patients and families):

**If ongoing performance scheduling is proposed,
we will consider this option after the first visit.**

As a representative of the above named organization, I have read the guidelines for entertainers visiting the University of Michigan Health System C. S. Mott Children's Hospital and agree to adhere to said requirements. All visits are reviewed by the Group Visits/ Entertainment committee.

Print Name: _____ Signature: _____

Date: _____

Your entertainment request will be reviewed upon the return of this application.
You will be contacted to schedule a date and time.

University of Michigan Health System C. S. Mott Children's Hospital
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