

**VISITING GROUP/SPECIAL EVENT APPLICATION**

Please fill out completely and submit at least 2 weeks prior to your preferred date.

**ALL members of your group MUST be vaccinated for COVID-19, free from any illness or COVID symptoms, and should not attend if they have any known exposures or recent travel. Masks will be required and provided during your visit.**

All visitors must be 18 years or older

Room to room visits are not permitted at this time, all events will take place in the patient activity room

Proposed date**:** (Mon. – Fri.) \_\_\_\_\_\_\_\_\_\_\_\_ Alternate date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: (circle one) 10:30 – 11:30 AM 2:00 – 3:00 PM 3:00 – 4:00 PM

*(Weekend requests require special arrangements)*

Location requested: □ Inpatient Pediatric Unit □ Children’s Garden

Number of visitors: (MAX 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Individual or Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of each participant that will be attending on the day of your visit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your group visited UF Health before? □ Yes □ No

Description of Activity: (at this time performance requests are not available)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you are doing a performance or are a costumed character please include an example of your performance, photo of costumes, and any references you may have from previous volunteer experiences.*

Do you plan to bring gifts or any giveaway items during your visit? □Yes □No

*If yes, please provide a detailed description of what you will be bringing. (at this time, we cannot accommodate requests for specific diagnosis or units) Please plan for 100 patient gifts so that we can accommodate all patients.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Picture and video requests** are limited, any requests need to be arranged with the Child Life staff ahead of time. Further instruction will be given once your event is approved. Requests DO NOT guarantee that photos or video will be approved.

**Please initial that you have read and understand the following guidelines:**

\_\_\_ All activities must be safe for young children (no latex balloons, toxic or flammable materials, sharp tools, inappropriate content, glue guns, irons, etc).

\_\_\_ All items must be politically and religiously neutral. Pamphlets and business cards cannot be distributed. Promotional or religious materials are not permitted.

\_\_\_ No food or drink can be provided without prior communication and approval. No homemade food is allowed.

\_\_\_ All visitors must be 18 year of age or older.

\_\_\_ Visiting group are NOT permitted to take photos or video of patients, families, or patient care areas. Photo requests must be pre-approved and UF Health staff will supply photos take photos for visiting groups.

\_\_\_ Cell phones are NOT permitted to be used during visiting groups sessions.

\_\_\_ Visiting groups may NOT go room to room and visit patients. All activities will take place in the activity room or children’s garden space.

\_\_\_ Any and all items to be distributed to patients must be screened by UF Health staff. Items may be distributed at a later time by staff.

\_\_\_ Visiting groups must be dressed in appropriate attire. No short skirts or shorts, low necklines, or tight-fitting clothing. Please wear close toed shoes, no flip flops or sandals. This also includes all costumes.

\_\_\_ All member of your group will be free from illness.

\_\_\_\_ All members of your group will need to bring a driver license and be prepared to go through the visitor screen process. Any visitor with a criminal record will be declined entry.

**Parking** garages are owned and monitored by UF. There is no discount parking for UF students, faculty, or staff visiting the hospital to volunteer. You cannot park in UF Health patient visitor garages for the event. Please park or come to campus as you normally do for work or school (ex. Park in assigned decal lot, bike, bus, etc.) Other (non-UF) community members will receive a voucher for free or discounted parking.

*As representative of the above named organization, I have read the requirements for community visits to UF Health Shands Children’s Hospital and affirm my/my group’s willingness to adhere to these guidelines.*

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Individual or Group Representative Signature Date

**RETURN EMAIL COMPLETED APPLICATION TO: Child Life Department** [**childlife@shands.ufl.edu**](mailto:childlife@shands.ufl.edu)

A member of the Child Life team will contact you to once your application has been reviewed to confirm dates, times, and activity details.