

## **Visitor / Event Guidelines**

Thank you for your interest in visiting / hosting an event for the patients and families of Studer Family Children's Hospital at Ascension Sacred Heart! We welcome the support of our community individuals and groups. To help make your event a success, please review the guidelines below.

### **Scheduling:**

- All events must be organized and scheduled in advance with the Child Life Department.
- The Child Life Department can be reached at 850-416-2657.
- Events are only scheduled Monday through Friday.

### **Number of Visitors:**

Please limit your group to a manageable number. We request 6 or less. This helps keep everyone actively involved in the event and prevents our children from being overwhelmed.

### **Age of Visitors:**

Visitors must be at least eighteen years old.

### **Health of Visitors:**

Many of the patients at our hospital have weak immune systems and are more susceptible to germs and infections. To protect the health of our patients and yourself, please clean your hands before and after visiting each patient with the hospital provided hand sanitizer.

Visitors experiencing any of the following symptoms, within the last 24 hours are **NOT** allowed:

- any diagnosed contagious illness
- respiratory symptoms - runny nose, cough, congestion
- flu like symptoms - headache, sore throat, muscle aches
- gastrointestinal issues – vomiting, diarrhea, nausea
- fever for any reason

### **Arrival:**

- Studer Family Children's Hospital is located at 1 Bubba Watson Drive, Pensacola, FL 32504.
- Please park in the Ninth Avenue parking garage located across from the front entrance of the children's hospital.
- A Child Life Department associate will meet you in the lobby and escort you throughout your event.

**Suggested Activities:**

- Craft activity in the playroom
- Holiday themed party
- Room-to-room visit to pass out gifts

**Items for Patients:**

- We have 64 pediatric in-patient rooms.
- Our patient census changes on a daily basis. There is no way to predict the number of patients or what their genders or ages will be on the day of your event.
- We serve children ages birth to eighteen years old. Please ensure items are appropriate for all ages.
- All items must be new and unused.
- Due to diet and allergy restrictions no candy, food or drinks are allowed.
- The following items are not accepted: latex items, such as balloons, flammable items, such as candles or firecrackers, sharp or breakable objects.
- Toys or items that depict violent themes, such as guns, knives, etc are not allowed.
- Our patients come from a variety of religious, political and social backgrounds. Out of respect for this all items must be free from any religious, political and social messages.

**Suggestions for Items:**

- Stuffed Animals
- Books
- Blankets
- Patterned Pillowcases
- Relaxation Items: Stress balls, Fidget Spinners, Pop-It Toys, etc.
- Coloring Books & Crayons, Word Puzzle Books & Pencils
- Stickers

**Other Guidelines:**

- Photos and recordings of patients and families are not permitted.
- Media contact and involvement may only be arranged by hospital associates.
- Please do not hug or touch children.
- Please refer to patients by their name.
- For confidentiality purposes, please refrain from asking patients where they live, go to school, why he or she is in the hospital or for their personal contact information.
- Special visitors assume all responsibility for personal belongings and equipment. The hospital is not liable for loss or damage.

## Visitor / Event Application

Thank you for your interest in providing visiting / hosting an event for the children and families at the Studer Family Children's Hospital. Please complete the following information and return to the Child Life Department as soon as possible. Email [amanda.soldani@ascension.org](mailto:amanda.soldani@ascension.org)

If you have any further questions, you can call our department at 850-416-2657.

Date of Visit: \_\_\_\_\_

Time of Visit: \_\_\_\_\_

Name of Group/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Event/Activity: \_\_\_\_\_

Number of Visitors: \_\_\_\_\_

As a member of the above-named group/organization, I have read the **Visitor / Event Guidelines**, and agree to follow them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

