



Visitor Check Off List

Thank you for your interest in visiting SSM Health Cardinal Glennon Children's Hospital. To provide exceptional care, we ask that all visiting groups agree to our visitor policies. These policies are designed to promote a safe, healthy and happy environment for our patients and families.

All visitors must read the following, initial each section and sign and date at the bottom and turn in the completed form the day of the visit. The Special Events Coordinator will review the below information the day of the visit.

	<ul style="list-style-type: none"> For the health and safety of patients, I confirm that I have not had a cough, cold, fever or experienced any flu-like or COVID-19 symptoms in the past 48 hours.
	<ul style="list-style-type: none"> I understand that masks are optional, and I must use hand sanitizer during the visit.
	<ul style="list-style-type: none"> I understand that I cannot take any videos or photos of patients while at Cardinal Glennon. Under no circumstances may I utilize my phone or camera during a visit.
	<ul style="list-style-type: none"> I understand that I cannot hand out any of the following items: wrapped gifts, food/candy or beverages, any product containing latex, used toys, toys with sharp/rough edges, any items with toxic or lead-based paint, guns/swords/violent toys, items made of or containing glass, used stuffed animals, and live plants. All items handed out during the visit must be approved by the Special Events Coordinator.
	<ul style="list-style-type: none"> In accordance with federal patient privacy regulations, I understand that all patient information is to be kept strictly confidential. I understand that I may not ask patients or family members any questions regarding their hospitalization or medical care or share my own personal healthcare experiences.
	<ul style="list-style-type: none"> I understand that I may not request personal contact information from the patients or provide a patient or family member with my contact information to speak to the family outside of the hospital.
	<ul style="list-style-type: none"> I understand that I must be on time and if I am late the event will still conclude at the previously scheduled time. I understand that if I am more than thirty minutes late the event will be canceled.
	<ul style="list-style-type: none"> I confirm that I am 18 years or older.

By signing below, you agree to adhere by the policies outlined on this form. Thank you for donating your time to our patients. We look forward to your visit!

Print Name: _____ Sign: _____ Date: _____