

## Entertainment/Group Visit Information Sheet

We appreciate your interest in visiting the children at Levine Children's Hospital. Please complete the following form and leave the shaded areas blank, as these will be completed by the group/event coordinator. We will do our best to accommodate your scheduling requests, and **ask that you submit this form at least one month prior to your first-choice scheduling date.**

Name of Group: \_\_\_\_\_

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

Name of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Describe in detail what activity/event you would like to provide (**request will be delayed or returned without detailed information**): \_\_\_\_\_

\_\_\_\_\_

Recommended patient age for participation: \_\_\_\_\_

Number of people in group (10 or fewer): Adults: \_\_\_\_\_ Children (16 yrs & older): \_\_\_\_\_

Anticipated media coverage: Yes No **Approved by:** \_\_\_\_\_

Anticipated Photographs: Yes No **Approved by:** \_\_\_\_\_

**Preferred date:** 1<sup>st</sup> date: \_\_\_\_\_ 2<sup>nd</sup> date: \_\_\_\_\_ 3<sup>rd</sup> date: \_\_\_\_\_

Please list in detail the craft items, gifts, handouts that you would like to bring: \_\_\_\_\_

\_\_\_\_\_

Please sign and return with the **Entertainment/Group Visit Information Sheet attached here.**

As a representative of \_\_\_\_\_  
I affirm that the entire group has read the requirements for groups and entertainers visiting Levine Children's Hospital and affirm the group's willingness to adhere to these guidelines.

- We understand that the group must arrive in the Levine Children's Hospital atrium at 1:30 p.m. on the day of the visit.
- We understand that if the group is more than 20 minutes late without notifying the number listed, our visit will be canceled.
- We understand that the group must dress appropriately: casual business attire, no open-toed shoes (flip flops, sandals, etc).
- We understand that no one under the age of 16 will be allowed to participate in the group activity. No exceptions!
- We understand that no member of the group with a scratchy throat, cold or fever will be allowed to interact with the patients.
- We understand that all items to be given to the children must be cleared through the group/event coordinator's office.
- We understand that the group cannot distribute religious materials or messages.
- We understand that no photographs of the patients can be taken without written permission from the family.
- We understand that no more than 10 people will be allowed to visit the patient floors.

Contact Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: Levine Children's Hospital  
Carrie Keuten – LCH -2<sup>nd</sup> Floor Family Resource Library  
1000 Blythe Blvd  
Charlotte, NC 28203  
Fax: 704-381-2101 (this allows for faster processing)

Approved By: \_\_\_\_\_

