

OUTSIDE GROUP AGREEMENT

Thank you for your recent interest expressed in visiting the American Family Children's Hospital. Please complete this form and return it to: Attention: Julie Auenson, Patient and Family Services, 1675 Highland Avenue, Madison, WI 53792-C175. We will confirm your request by email and/or telephone. Please list two (2) possible dates, the time, and the type of activity you are planning to do.

If you should need further information, please call 608-890-8095.

Name of Group: _____
Name of Contact: _____
Address: _____

City _____ **State** _____ **Zip** _____
Email address: _____
Phone (home): _____ **(work)** _____
Type of activity or presentation _____
Number in group: _____ **Ages of participants if under 18** _____
Requested date (first choice): _____ **(second choice)** _____
Time of arrival: _____ **Time of activity:** _____
Space, facilities and equipment needed: _____
Have you visited the hospital previously? _____ **Date?** _____
References (previous places visited): _____
Additional Comments: _____

As a representative of the above-named organization, I have read and understood the Patient Entertainment Guidelines and affirm my group's cooperation in complying with these guidelines. Failure to follow these guidelines could impact my group visiting in the future.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Date received: _____ **Child Life Staff Assigned:** _____
Approved by Volunteer Coordinator: _____ **Date:** _____
Scheduled Date: _____ **Time:** _____

VISIT:
Number in Group _____ How Long? _____
On time? _____ Was the group prepared? _____
Additional Comments: _____

Completed by: _____