



VOLUNTEER

SPECIAL EVENT PARTICIPANT RULES & GUIDELINES AGREEMENT FORM

INSTRUCTIONS:

All volunteers attending an event must read, complete the agreement form. Return forms to volunteer.services@uhtx.com. Allow 2-3 weeks to coordinate an event visit. **Cancellations must be made 48 hours prior to the scheduled event.**

INFECTION CONTROL: Visitors must be 15 years of age or older, have their immunization for the Measles and Rubella up to date, be immune to chicken pox and be in the excellent health on the day of the visit. Visitors must also be current with their flu shot and be COVID vaccinated.

HIPAA REGULATIONS: Guarantees the Patients and family rights to Confidentiality and Privacy. Confidentiality means that all information about the child and family is protected. DO NOT inquire about a patient's condition or hospital stay.

NO PHOTOGRAPHY: Due to patient privacy regulations, photography and videography is not allowed at University Health facilities. The privacy and confidentiality of our patients and families deserves our utmost respect.

NUMBER OF ATTENDEES: No more than FIVE members of your organizations may participate, including an adult leader. No more than THREE members of group are allowed to visit the PICU and for playroom activities. All individuals and /or groups must be accompanied by a University Health staff member. The number of patient participation will vary based on census and medical condition.

TOY & DISTRIBUTIONS: Only NEW, unwrapped toys can be accepted to be given to the children. All items must be pre-approved by the Volunteer Services Department. No religious oriented entertainment, activities or gifts. Please remember that you will have children of all ages and abilities. Remember to keep them in mind when gathering your donations and preparing your activity.

ATTIRE: all individuals and groups must at all times be responsible, friendly, clean and well mannered, child-friendly attire is appreciated. No shorts, tank tops, midriffs, or miniskirts. Wear Organization T-shirt to promote partnership.

University Health Volunteer Services staff reserves the right to cancel or discontinue special events at any time if inappropriate or unsafe for the patients, and in rare cases, such as, low census, bereavement, or crisis situation.

I read, understand, and agree to abide by the *Special Event Participant Rules and Guidelines Agreement Form* provided, as well as those given to me verbally. I understand that my organization will be evaluated and must meet expectations in order to have a successful event in the future.

ORGANIZATION'S NAME: _____

EVENT NAME: _____ EVENT DATE: _____

PARTICIPANT'S NAME: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

LEGAL PARENT OR GUARDIAN NAME (if applicable): _____

LEGAL PARENT OR GUARDIAN SIGNATURE: _____