GROUP VISIT

Thank you for your interest in volunteering your time and resources in providing a group entertainment for patients and families at Texas Children’s Hospital West Campus! This information serves as a guideline for groups interested in providing a special activity, program and entertainment to our patients. These positive experiences help promote a child’s ability to cope with their healthcare experience and make their time in the hospital more enjoyable.

What is a group entertainment?

Special entertainment in the form of a puppet show, magic shows, a musical performance or a celebrity visit can bring a positive distraction to a hospitalized child and his or her family. If accepted, your visit may be scheduled in the inpatient, outpatient buildings or lobby according to activity. Please note that visiting groups are required to bring all of the supplies necessary for the activity they will facilitate.

All applications will be reviewed for appropriateness of activity, size and ages of the visiting group and scheduling availability. Completion of an application does not guarantee acceptance or scheduling of a visit, however we do make every effort to accommodate your request.

Visitor Guidelines:

- Large groups can be overwhelming to our patients. Please limit your group as follows:
  - For children’s orchestra or choir we welcome high schools (13 years old and up). We ask for a maximum of 30 children with 3 adults to supervise them.
  - For adult groups consisting of ages 18 years or older puppet show, magic shows, a celebrity/customer visit or maybe other activity, we ask for a maximum of 10 members in total.
- Duration of the visit 1-2 hours. Audience may vary with respect to the amount of children who are able to attend, the length of staying, and what their attention span will be like during their participation.
- If anyone in the group has been sick during the previous week or feels sick prior to visit (common cold, sore throat, upset stomach, fever or cold sore) or has been in contact with someone with chicken pox cannot not participate in the group activity and may wait in the lobby for the duration of the visit.
- If available, wear a T-shirt with your Company/Organization Logo to be recognized in the unit as a visitor/donor.
- Family-friendly attire and closed-toed shoes only are accepted.
- No shorts, no open-toed shoes or sandals, no logo t-shirts with inappropriate slogans, no short skirts, no bare midriff, no tank tops, and/or low cut tops. All tattoos must be covered with clothing.
- There should be NO religious messages on clothing.
- All groups coming with any form of costume(s) must attach a picture of the costume(s) to the application during submission.
- Visitors/entertainers should not ask personal questions of the children’s medical conditions, family situations, treatment protocol and/or prognosis. Your interest and concern for our patients must be limited to the hospital visit. Please do not exchange any personal contact information.
- Do not discuss patient/family information inside and/or outside of the hospital setting.
- Texas Children’s Hospital will not be responsible for any injury, loss of personal belongings or equipment while you are visiting.
- The Volunteer Services and coordinating departments reserve the right to cancel or discontinue special
programs at any time if they are thought to be inappropriate or unsafe for the patients.

Entertainment Guidelines

- The children you will encounter come from a wide variety of religious, political and social backgrounds. Therefore, we require that the content of any presentation or performance be neutral (no religious or political content).
- Performances may not include materials that are considered potentially dangerous or threatening (latex balloons, items that are fire hazards such as silly string, or contain themes such as violence, death, illness, medical care, or include scary costumes). Electronic equipment that needs to be plugged in cannot be used for activities.
- Audiences may vary, but are not guaranteed for performances based on the amount of patients present in the hospital the day of and their capability health wise to attend.
- Approach children slowly and quietly. Allow patients to decide to what extent they wish to interact with you. If the child shows any resistance to greeting you, do not persist (and don't take it personally).
- We will not be able to accept items with any form of business advertising on the donations.
- Visitors/entertainers may only distribute items such as toys, prizes or gifts, if any, with prior approval (before day of visit) from Volunteer Services. Items will be pre-screened on day of visit. Religious, edible, and gift-wrapped items are not allowed.
- Smile, enjoy yourself, and most importantly keep in mind that hospitalized children are still children!

Hospital Arrival

- Arrive 15 to 30 minutes prior to visit, depending on your set up time required.
- Sign in attendance list at the front desk.
- All adults (18 and older) must show an ID.
- Sign the Confidentially Form.
- Items such as props can be unloaded at the momentarily drop-off area main entrance such
- Items such as props can be unloaded at the momentarily drop-off area main entrance (carts can be provided to help the unloading process).
- TCH volunteer(s) will be leading the group.
- Food and drinks are prohibited.
- Texas Children’s Hospital maintains strict rules surrounding the privacy and confidentiality of the children it treats. Therefore, we do not allow any photographs or videos of our patients. No photographs of patients are to be taken.
- Group may photograph themselves with staff and/or TCH volunteers.
- Visitors must follow directions.
- The group must meet at the lobby area in the main entrance.

Schedule and Confirmation of Your Visit

- Please fill out the attached WC - Application for Group Visit - Entertainment and email to Volunteer Services West Campus at wcvolunteerservices@texaschildrens.org
- The visit must be approved by Volunteer Services West Campus. The volunteer group must receive an email with the confirmation date and time.

The patients of Texas Children’s Hospital West Campus thank you for your generosity and thoughtfulness.

West Campus Volunteer Services
Application for Group Visitors

Thank you for your interest in providing group entertainment at Texas Children’s Hospital West Campus. Safety and privacy of our patients are a priority for us. In order to help you make the most of your time and resources to the patients at Texas Children’s Hospital, while maintaining our high standard of care, please complete this application and submit to wcvolunteerservices@texaschildrens.org. The application is subjected to approval.

GROUP INFORMATION
Name of Group or Organization: __________________________________________________________
Address: ____________________________________________ City, State, Zip: _______________________
Contact Person: ___________________________________ Phone number: _________________________
Email: ___________________________________ Website: _______________________________________

I have read and agree the TCH-WC Group Visit Guidelines
Signature: ____________________________ Date: _____________________

Are you or your organization trying to do business with Texas Children’s Hospital? Yes___ No____
If “Yes”, please explain__________________________________________________________________
_____________________________________________________________________________________

Total number of people _____ (Event Max is 10) Are all members of group over 18? Yes___ No___

ADDITIONAL INFORMATION
Do you have any experience working with children?
_____________________________________________________________________________________
_____________________________________________________________________________________

What would be your goal visiting our patients?
_____________________________________________________________________________________
_____________________________________________________________________________________

How do you plan to adapt this activity to children of different ages and/or special needs?
_____________________________________________________________________________________
_____________________________________________________________________________________

How often you would like to visit our patients? (If more than 4 times, additional requirements must be fulfill)
_____________________________________________________________________________________
_____________________________________________________________________________________

ACTIVITY TYPE
What type of activity would you like to provide to the patients and families at Texas Children’s Hospital?

Toy /Gift Activity – Please specify.
_____________________________________________________________________________________  
_____________________________________________________________________________________  
Materials or supplies provided by the group
_____________________________________________________________________________________  
_____________________________________________________________________________________  
Please specify any needs such as chairs, space, etc.
_____________________________________________________________________________________  
_____________________________________________________________________________________  

SCHEDULING EVENT

- All groups are required to schedule 30 days prior to option dated (90 days prior for events during the holidays).
- Visits are limited to two hours.
- Best timing for visiting are:
  - Monday to Friday 10:00 am – 12:00 pm or 1:00pm – 3:00 pm

Please list top three dates and times your group would like to visit our patients.

1) ___________________________ Time: ____________________________
2) ___________________________ Time: ____________________________
3) ___________________________ Time: ____________________________

FOR THE OFFICE USE ONLY

Date and time of the event approved: ___________________________________________________

Confirmation email sent to Group on: _________________________________________________

Notification email sent to Security/ChildLife/ visited departments on: ____________________

Volunteer Services Calendar Schedule posted on: _________________________________________

Sign up for volunteers posted on: ______________________ for date and time_________________