



Parent/Guardian Permission Form for Minors (not the patient's parents) to Stay at Ronald McDonald House Charities® of the Piedmont Triad without Parent/Guardian Present

Name of Pediatric Patient _____

Name of Patient's Parents or Guardians _____

Name of Visiting Minor _____

Name of Visiting Minor's Parents or Guardians _____

Visiting Minor's Date of Birth _____

Visiting Minor's Relationship to the Patient _____

We, the parents (or guardians) of _____ do understand and agree that neither the Ronald McDonald House Charities of the Piedmont Triad, Inc., nor the paid staff, and/or volunteers of the Ronald McDonald House Charities of the Piedmont Triad, nor the Board of Directors of the Ronald McDonald House Charities of the Piedmont Triad assume any guardianship or parent responsibilities for my child. We waive all considerations against the Ronald McDonald House that may arise because of his/her stay in the Ronald McDonald House Charities of the Piedmont Triad. My child must assume the responsibilities normally expected of adult guests. We further understand and agree that my child's use of the Ronald McDonald House is a privilege that may be revoked at any time at the discretion of the House Manager and is contingent upon compliance with the rules below.

My child and I understand and agree to the rules below.

- I agree to visit with the patient in the hospital for at least 6-8 hours each day.
- I agree to keep all food in the kitchen and drinks in the kitchen and dining room or outside.
- I agree not to remove my wristband during my stay and to wear appropriate clothing in common areas of the House.
- I agree to clean up after myself.
- I will not let anyone into the House or give them the code. I understand that this even includes other families staying here.
- I will be considerate of the families, volunteers, and staff around me.
- I agree to smoke only on the designated "smoking" porch.
- I understand that if I do not follow these rules I may be asked to leave.

For visiting minors younger than 15

- I always understand that I must be accompanied by an adult who is also a registered guest in my room.
- I agree to be in our bedroom by 10 p.m.

Witness the hand and seal as set forth below:

Signature of Visiting Minor (SEAL) ___/___/___ (____) _____ - _____
Date *Telephone Number*

Signature of Visiting Minor's Parent / Legal Guardian (SEAL) ___/___/___ (____) _____ - _____
Date *Telephone Number*

_____ *Signature of RMH Staff Manager Witness*

___/___/___ *Date*

attach to corresponding occupancy agreement