



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

Bronson Methodist Hospital Neonatal Intensive Care Unit (NICU) Visitor Identification Form

I, _____ (mother/father/guardian)
of baby _____ agree to have the
following designated visitors visit my baby without me.

Parent 1 Name: _____ Phone Number: _____

Parent 2 Name: _____ Phone Number: _____

Siblings and ages:

Name: _____	Age: _____	Name: _____	Age: _____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Designated visitors should remain constant. We ask you to carefully consider who will be of most support to you during your baby's time with us.

Designated Visitor Name (print)	Relationship to Infant	Form of Identification	Signature*

Designated visitor signature states they understand and will follow the guidelines below:

1. It is critical that anyone who is ill (i.e. fever, cold, flu, cough, stuffy nose, etc) not visit your child while they are in the NICU. For the protection of your baby please help us monitor all siblings and other visitors for these signs of illness.
2. Hand washing is essential in protecting your fragile baby from infection. Everyone must agree to remove rings, watches, bracelets and push sleeves above the elbows before scrubbing in to enter the unit.
3. Will show picture identification each time they visit.
4. May not bring others to visit with them.
5. Will not receive medical information about the baby.

Care and holding of the baby is reserved for the parents!

Parent/Guardian Signature: _____ Date: _____ Time: _____

Relationship: Parent Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the text on this form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

Staff Member Signature: _____ Date: _____ Time: _____