

Addressograph

## Agreement for Parents/guardians taking an infant/child 'Out for Hours' from OLCHC

Clinical area name \_\_\_\_\_ Date \_\_\_\_\_

Permission has been given by the Medical/Surgical team for parent/guardian to take infant/child 'out for hours' and they have documented same in the Healthcare Record.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specific timed hours have been discussed and agreed with parent/guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is the child going? <i>Give details.</i>	
Equipment to accompany the infant/child <i>If yes give details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	
Parents/guardians understand and are educated and trained in the use of equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Site manager on duty informed of 'Out for hours'	Yes <input type="checkbox"/> No <input type="checkbox"/>
CNSp informed	Yes <input type="checkbox"/> No <input type="checkbox"/>

*These time lines have been discussed and agreed with you the parent/guardian. It is essential that you return with your child at the agreed time to ensure all medical and nursing care can be delivered in a timely manner.*  
*In the unusual event that you cannot return to the hospital at the agreed time please phone \_\_\_\_\_*

Parents/guardians agree the timelines for the 'out for hours'	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time to leave _____	Expected time of return _____
Signature of parent/guardian _____	Mobile number _____
Signature of Registered Nurse _____	NMBI Pin _____

*Please file this document in the child's healthcare record in the clinical or nursing notes section. For each time a child is given 'Out for Hours' a new section must be completed- see 8 additional sections.*

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