



UNIVERSITY of MARYLAND  
CHILDREN'S HOSPITAL

**Application for Community Visitors**

Name of Group: \_\_\_\_\_ Number in Group: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Describe your visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of items to be given to children (if applicable): \_\_\_\_\_

\_\_\_\_\_

Please list the equipment, props, musical instruments, handouts, costumed characters, etc... that you will be bringing. If special arrangements need to be made, please list those also.

\_\_\_\_\_

Recommended ages for participation: \_\_\_\_\_

Anticipated media coverage: \_\_\_\_\_ Yes \_\_\_X\_\_\_ No

Preferred date/time of visit:

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

***As a representative of the above-named organization, I have read the guidelines for community visitors at the University of Maryland Children's Hospital and affirm my group's willingness to adhere to these guidelines.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your community visitor request will be reviewed upon the return of this application.

University of Maryland Children's Hospital  
Child Life Program/ N5E39  
22 S. Greene St.  
Baltimore, MD 21201  
Phone: 410-328-7440 Fax: 410-328-5667