



Our Lady's Children's Hospital, Crumlin, Dublin 12  
.....where children's health comes first

Addressograph

## AGREEMENT FOR PARENTS / GUARDIANS TAKING AN INFANT/CHILD 'OUT FOR HOURS' FROM OLC HC

CLINICAL AREA NAME: \_\_\_\_\_

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** ☐ **No** ☐

Specific timed hours have been discussed and agreed with parent/guardian **Yes** ☐ **No** ☐

Equipment to accompany the infant/child **Yes** ☐ **No** ☐

*If yes give details*

Parents/guardians understand and are educated and trained in the use of equipment **Yes** ☐ **No** ☐

Site manager on duty informed of 'Out for hours' **Yes** ☐ **No** ☐

CNSp informed **Yes** ☐ **No** ☐

Parents/guardians agree the timelines for the 'out for hours' **Yes** ☐ **No** ☐

Time to leave \_\_\_\_\_ Expected time of return \_\_\_\_\_

*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*

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.*