

| APPROVAL FOR VOLUNTEER TO LEAVE WARD WITH PATIENT OR SIBLING                             |  |
|--|--|
| Remember to leave Ascom phone details on inpatient room whiteboard                       |  |
| Patient or sibling name (please state):  |  |
| Inpatient ward and room number:  |  |
| UR Number of patient:  |  |
| Going to: (please circle)  | Playground<br>Main Street<br>Starlight Room<br>Other (please state ) |
| Approval to leave ward given by:   |  |
| Staff member name (if child a patient) or Parent name & mobile no. (if child a sibling): |  |
| Signature:   |  |

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