

# Request to Entertain at Southlake

## Special Purpose Visitors

In keeping with Southlake's strict infection control protocols and our commitment to protect our patients' privacy rights, we are pleased to provide a formalized Request to Entertain application process.

This process applies to all individuals, businesses, and associations wishing to entertain, provide decorating services, or drop by and visit with patients, regardless of what area of the Hospital they wish to visit. It includes but is not limited to clowns, magicians, choirs, musicians, athletes, emergency services personnel (i.e., fire fighters, police officers, paramedics), and mythical figures and characters (e.g., Santa Claus, sports or theme park-related /mascots).

Completed Request to Entertain application forms must be received by the Hospital's Corporate Communications Department no less than seven (7) days prior to the requested visit by using one of the following methods:

**By E-mail:** [communications@southlakeregional.org](mailto:communications@southlakeregional.org)

**Fax:** (905) 853-2220  
Attention: Corporate Communications

**By Mail:** Corporate Communications  
Mailbox 15  
Southlake Regional Health Centre  
596 Davis Drive  
Newmarket, ON L3Y 2P9

**Drop off:** East Information Desk  
Attention: Corporate Communications

### Approval Process:

1. Consideration will only be given to applications that:
  - are deemed appropriate for a hospital setting (e.g., low noise impact, require limited space, do not present any security/safety issues etc.).
  - are politically and religiously neutral and, therefore, deemed appropriate for various ethnic, cultural, and religious backgrounds to enjoy.
  - are appropriate for the targeted age group.
  - require minimal support from hospital personnel to set-up or participate in the entertainment process.



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2. Requests to visit a patient care unit(s) must occur during regular visiting hours (i.e., between 2: 00 p.m. and 8:30 p.m.).

3. Applicants must agree to abide by the following Terms and Conditions:

### **All participants:**

- are at least 12 years of age or older. Children between the ages of 12 to 18 years must be accompanied by an adult.
- will not enter a patient's room, even with the patient's or their family member's consent – **no exceptions.**
- will report to the Information Desk on the day of their visit to sign in and complete or submit a Special Visitors Confidentiality/Security Agreement.
- will clean their hands with the alcohol-based hand foam provided when entering and exiting the Hospital, or entering or exiting a patient care area as per Hospital policy. Participants who are exhibiting signs of a cold or flu (e.g., runny nose, cough, sore throat, vomiting, or diarrhea), have recently been ill (within the last 3–5 days) or have been exposed to chicken pox or any other contagious disease are NOT permitted to enter the Hospital.
- will ensure that no equipment capable of taking photographs, recordings, or video footage are activated or used on Hospital property (e.g cell phones, cameras).
- will ensure that no photographs, recordings, or video footage are taken during the visit.
- will ensure that all content does NOT include violent and/or threatening themes (e.g., war, death, illness, bullying, etc.) or props (e.g., fire, scary masks or costumes, weapons, etc.).
- will ensure that no live animals are brought onto Hospital property, unless legislated by law.
- will ensure that no latex products are brought into the Hospital.
- will inform Corporate Communications at extension 2169 if media have been invited to cover the visit.
- will not sell or distribute information, including business cards, about their entertainment services while on Hospital property.

*Southlake reserves the right to decline any application as it may, in its sole discretion, determine necessary. All applicants will be contacted by Corporate Communications regardless of whether their application is accepted or denied.*

**For the protection and safety of our patients and staff, failure to abide by the above approval process or any unscheduled visits to patient care area are strictly prohibited and may result in Security being called to escort individuals off the hospital property.**

### **Media Coverage**

Southlake does not arrange media coverage for donations of gifts-in-kind and entertainment services. Individuals or groups wishing to arrange their own media coverage must notify and obtain approval from Corporate Communications at least two (2) business days prior to the scheduled visit.

**Southlake Regional Health Centre**  
596 Davis Drive  
Newmarket, Ontario L3Y 2P9  
Tel: 905-895-4521, ext. 2541  
Fax: 905-853-2220  
[www.southlakeregional.org](http://www.southlakeregional.org)



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## Request to Entertain - Application Form

<b>PLEASE PRINT AND ENSURE THAT ALL QUESTIONS ARE COMPLETED AS FULLY AS POSSIBLE.</b>	
<b>Name of Contact Person:</b> <i>(print first, last)</i>	
<b>Name of Group (if applicable):</b>	
<b>Address:</b>	
<b>Phone:</b>	<b>Cell:</b>
<b>Fax:</b>	<b>E-mail:</b>
<b>Number of people in your group:</b>	<b>All members are 12+ years of age:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please provide a detailed description of the purpose of your visit:</b>	
<b>What are your space and set-up requirements, including the time required for set up?</b>	
<b>What areas of the Hospital do you wish to visit?</b>	
<b>Preferred Date:</b> <u>  </u> / <u>  </u> / <u>  </u> <b>Show Time:</b>	<b>Alternate Date:</b> <u>  </u> / <u>  </u> / <u>  </u> <b>Show Time:</b>
<b>Are you planning to hand out gifts during your visit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please describe:</b>	





## ***Request to Entertain - Application Form***

**I agree to and, if applicable, make every effort to ensure that the participants in my group abide by the following terms and conditions:** *(please check each box)*

- To only visit areas listed in the Request to Entertain Application Form.
- To **NOT** enter a patient's room during my/our visit, even with the patient's or their family member's consent – **no exceptions.**
- To report to the Information Desk on the day of my/our visit and to sign in and complete or submit a Special Visitors Confidentiality/Security Agreement.
- To clean my/our hands with the alcohol-based hand foam provided when entering and exiting the Hospital or entering or exiting a patient care area, as per Hospital policy. Participants who are exhibiting signs of a cold or flu (e.g., runny nose, cough, sore throat, vomiting, or diarrhea), have recently been ill (within the last 3–5 days), or have been exposed to chicken pox or any other contagious disease are **NOT** permitted to enter the Hospital.
- That no equipment capable of taking photographs, recordings, or video footage are activated or used on Hospital property (e.g. cell phones, cameras).
- That no photographs, recordings, or video footage are taken during my/our visit.
- To advise the Hospital's Corporate Communications Department if I/we have invited media to cover my/our visit at least two (2) business days prior to our visit.
- That no live animals are brought onto Hospital property, unless legislated by law.
- That no latex products are brought into the Hospital (e.g. balloons).
- To **NOT** sell or distribute information, including business cards, about my/our entertainment services or products while on Hospital property.

**I am over eighteen (18) years of age. I have read the foregoing and fully understand the contents thereof.**

**Name:** *(print first, last)*

**Signature:**

**Date:**    /    /   

**Name of Witness:** *(print first, last)*

**Witness:**

**Date:**    /    /   

***Southlake reserves the right to decline any application as it may, in its sole discretion, determine necessary.***

**Completed application forms must be received by the Hospital's Corporate Communications Department no less than seven (7) days prior to the requested date of delivery.**

**Additional questions can be directed to Corporate Communications at 905-895-4521, extension 6068.**

