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at AHMC ANAHEIM REGIONAL
Medical Center

Visitor Authorization

I have read and understand the NICU visiting guidelines.

The following are the names of those people authorized to visit my infant.

1. Clearly print names of visitors.
2. Check all 's that apply.
3. Sign below.
4. Return completed form to your baby's nurse.

Father

OR Support Person

Other Family Members and Friends:

Name, Relationship

Name, Relationship

Name, Relationship

Name, Relationship

Name, Relationship

Name, Relationship

Siblings:

Name, Age

Name, Age

Name, Age

Name, Age

- Please do not allow anyone except the father (or support person) and myself to visit my baby.*
- Please do not give information to anyone except me.*

Mother's Signature

Date