



COMER
CHILDREN'S
HOSPITAL
THE UNIVERSITY OF
CHICAGO

Place patient sticker here.

Record of Parent/Guardian/Designated Caretaker Bands

Two (2) yellow bands are provided to parents/guardians/designated caretakers.

1. _____
(Name of person/s receiving yellow band) (Relationship to child) (Date)
2. _____
(Name of person/s receiving yellow band) (Relationship to child) (Date)

Please document below the names of those who can visit your child (equal to or greater than 18 years of age).

Names	Relationship to child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Record of your Child's Code Number:

Your Private Code Number (last 4 digits of child's medical record number) _____

Will both parents/guardians/caretakers use code number? Yes _____ No _____

Form completed by:

(Signature of legal guardian)

(Date)