



The mission of the Ronald McDonald House is to provide a home away from home and caring support to families seeking medical care for their children. It is the policy of RMH and its programs to treat guest families and others fairly, with compassion and without discrimination.

Families and their guests are required to keep the atmosphere at the House as home-like and stress free as possible. Everyone is expected to interact in a positive manner, treat others fairly, with compassion and without discrimination.

General Requirements:

- The patient & family must continue to meet general RMH eligibility requirements during their stay.
- The patient must be receiving medically necessary ongoing care inpatient or active outpatient (minimum 4 appointments per week). You will be required to provide your child's appointment schedule weekly.
- Patient must be 18 years of age or younger.
- Families cannot be a resident of Olmsted County for their entire length of stay.
- Patients must have an adult guardian or caregiver (defined as the person who is responsible for making medical decisions on behalf of the patient) with them during their entire stay.
- Anyone who will be staying at the House or visiting must be infectious disease free for 21 days. If anyone staying at the House becomes ill or exposed to an illness, please notify a House Manager immediately.
- Anyone who will be staying at the House must review and answer all the Safety and Security standards. If an answer is yes, it may impact your ability to stay at RMH.
- Ronald McDonald House does not provide services to pediatric patients involved in the PRC Pain Rehabilitation Clinic at Mayo Clinic. If at any point during your stay your child is transferred to this program or enters this program, you are no longer eligible to stay at Ronald McDonald House and will need to check out of the House within 24 hours.
- Temporary lodging at RMH is a privilege and not a right.

Safety & Security:

- Caregivers, patient, and siblings must wear masks that cover the nose and mouth at all times when outside their guest room. Face shields and neck gaiters are not acceptable alternatives for a face mask.
- Disrespectful, discriminatory, unsafe, disruptive, abusive (corporal punishment), offensive, suggestive, sexual or illegal behavior (including the viewing or listening of images or messages) will not be tolerated.
- Alcohol, illegal drugs, firearms, knives or other weapons are not allowed at any time
- Open flames (candles, incense, matches, lighters, etc.) are not allowed at any time.
- **Smoking** is not allowed in the House or on the House grounds. Please be respectful of our neighbor's property and do not smoke on it.
- RMH is not responsible for personal belongings left in the House, on House property or in automobiles.
 - I/we waive any and all rights to make a claim against RMH in the event of damage, theft or loss of your property.
- RMH staff reserve the right to enter and inspect guest rooms at any time.
- Families are allowed to have a maximum of 5 people in their guest room.
- If families have an overnight guest that was not registered at the initial check in, this overnight guest must be reported to the House Manager before they can stay overnight. All overnight guests must:
 - Review the Infectious Disease policy and be infectious disease free
 - Review the Safety and Security standards. If they answer yes, they may not be eligible to stay or visit at the RMH.

- ~~Visiting hours are 8 am to 9 pm daily. All visitors must sign in at the front desk, be greeted by guest family in the lobby and leave by 9:00 pm. You are responsible for your visitor's behavior during their visits.~~
 - ~~All visitors must review the infectious disease policy and be infectious disease free~~
 - ~~All visitors must review and answer the Safety and Security standards. If a visitor answers yes to a safety and security standards, they may not be able enter the House or be on House property.~~
- Only adults 18 years of age and older are allowed access to and use of the exercise room. No patients, 18 years old or younger, or children under the age of 18 are allowed to enter or use the exercise room due to safety concerns. RMH is not liable for any injuries that may occur.

Parent Requirements:

- Patients 18 years and younger and any other children under the age of 18, cannot be left alone at the House. **Other guest families, volunteers, or staff members are NOT allowed to watch your children.**
- Children must be supervised by a parent or guardian at all times.
 - Children 14 years old and under must be in their parent/guardian's sight at all times.
 - Children 15-18 years old must be in hearing distance of their parent/guardian at all times.
- RMH does not assume responsibility for unsupervised children.
- Parents/caregivers are expected to be active participants (attend appointments, spend time at the hospital with patient, etc) in their child's cares.
- RMH staff will conduct a wellness check after every 30 days to ensure that your family's needs are being met to the best of our ability.
- Families are allowed to be gone from Rochester for 2 consecutive nights during a week stay without checking out. Please let the House Manager know if you are not going to be at the House.
- Families are expected to check-out of the House within 24 hours of being discharged from the hospital or from their last medical appointment.

Community Living:

- Families are required to clean up and sanitize after using **any** public area.
- Quiet hours are from 10:00 PM to 8:00 AM every day. This includes the public areas and your guest room.
- Please be respectful of all guests, volunteers and staff at the Ronald McDonald House ®. Courtesy is expected of everyone in the House.
- Families are required to clean their guest room before checking out of the House. Failure to do so may result in your family not being able to stay in the future.

Guest Privacy:

- RMH may exchange necessary information with Mayo Clinic, human service agency, law enforcement or other agency to facilitate serving unique situations or needs of your family. By signing this document, you authorize the exchange of information.
- RMH requires guests to respect the privacy of other guest families or visitors at all times including the use of social media.

By signing this agreement, I/we understand and agree:

- 1) to abide by these rules, expectations and applicable policies and to inform my family and visitors of these.
- 2) if my child/family does not meet general eligibility requirements and/or if we fail to abide by the House rules, expectations and applicable policies, we may be asked to leave the House.

- If you are asked to leave the House due to not meeting general eligibility requirements and/or due to not abiding by the House rules, expectations and applicable policies, this may jeopardize future stays.

Signature: _____ Date: _____ Staff Initial: _____

Printed Name: _____

Media Consent:

- I/we give my consent for photos and other forms of media taken of my family while staying at the RMH and/or participating in RMH activities to be used to advance the mission of RMH.
- I/we give my consent for photos and other forms of media to be used to advance the mission of RMH on social media outlets.
- I/we give my consent to allow RMH to share room journal entries, artwork, photographs, thank you notes and social media entries to advance the mission of RMH.

I/we give media consent

I/we do not give media consent

Signature: _____ Date: _____ Staff Initial: _____

Printed Name: _____

Please check one of the following boxes regarding demographic information about the patient who is seeking treatment.

My child is:

- | | | |
|---------------------------|------------------|-------------------------|
| Aboriginal () | East Indian () | Multiracial () |
| Arabic/Middle Eastern () | First Nation () | Native American () |
| Asian () | Hispanic () | Other () |
| Black/African Descent () | Latino () | Pacific Islander () |
| Caucasian () | Maori () | I decline to answer () |

Thirty Day Visit Dates:

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____

Parent Initial: _____ Date: _____