***Pt Sticker***

***Room Number \_\_\_\_\_\_\_\_\_\_\_\_***

***Permission for Visitors and Callers***

|  |  |  |
| --- | --- | --- |
| **NAME** | **PHONE NUMBERS** | **CAN THEY VISIT/ CAN PT CALL THEM?** |
| **Parent:** |  |  **VISIT** **PT CALL** |
| **Parent:** |  |  **VISIT** **PT CALL** |
| **Siblings:** |  |  **VISIT** **PT CALL** |
| **Relatives** |  |  **VISIT** **PT CALL** |
| **Relatives** |  |  **VISIT** **PT CALL** |
| **Relatives** |  |  **VISIT** **PT CALL** |
| **DHS/ Case Worker:** |  |  **VISIT** **PT CALL** |
| **Outpatient Therapist**  |  |  **VISIT** **PT CALL** |
| **School** |  |  **VISIT** **PT CALL** |

**The Following People CANNOT be contacted, visit or receive information regarding patient:**