

**AFTER HOURS VISITORS FORM**

This form is to be completed for “After Hours Visitors” and handed to security on or prior cessation of visitors hours.

This procedure has been put in place to establish and control “after hours visitors” on all Western Health sites.

UR Number & Name of Patient being visited: \_\_\_\_\_

**The following named visitors are authorised to visit / remain after hours**

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_

5. \_\_\_\_\_ Relationship \_\_\_\_\_

Person in Charge Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_