



OBSERVATION IN PATIENT CARE AREA APPLICATION

Name (*please print*) _____ Date _____

Address _____

City, State, Zip _____

Daytime telephone (_____) _____ E-mail address _____

Emergency contact Name _____ Telephone No. _____

School attending (if applicable): _____

Grade/Year: _____

Date and time of requested observation: _____

What staff or activity do you wish to observe? _____

Why do you wish to perform this observation? _____

Visiting observers are required to have a staff sponsor. The sponsor will escort you during your visit.

Name of sponsor (*print*): _____ Department: _____

Signature _____ Date _____