Pediatric Sleep Center

POLICIES

Parental Agreement Form

- Please **no "tech devices"** with sound after 9-9:30pm. Please feel free to utilize headphones.
- Due to multiple families being in the sleep lab and patient confidentiality, please be considerate and **stay in the room with your child**.
- **If in the Kennedy Outpatient Center** — This facility is locked down after you arrive so once you are checked in we cannot allow you to go back outside for any reason *(trips to vehicle, smoking, etc)* until the testing is over.
- **No results will be given to you via phone**. You will need a follow up appointment to get the results of the sleep study **OR** your results will be forwarded to your referring/ ordering physician on record.

By signing my name below, I certify that I have read the above information. Any questions concerning these policies have been discussed with the technician. My signature also certifies my understanding of and agreement to comply with the above policies. If I fail to comply with these policies, I understand that I will be asked to leave the Pediatric Sleep Center.

______________________________ ____________________

Signature of Parent (or patient's representative) Date

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Hospital at Erlanger

childrensaterlanger.org

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