



Oie Osterkamp

Executive Director

**Ronald McDonald House
of Durham**

What we do



The Mi-Co Challenge

55

841

The Mi-Co Challenge

4,500

40,000

16,500

55

rooms available

841

families served

The Mi-Co Challenge

4,500

volunteers

40,000

people served in two
family rooms

16,500

family night stays

of Adults 2 # of Children 1

Room # 154

Alana Gail Bradham

Forms on File: YesAOM011514



Guest Registration Form
Ronald McDonald House of Durham

Reservation Information

Expected Arrival: 03/31/2014	Date of Arrival:	Staff Initials:
Expected Departure: 04/20/2014	Date of Departure:	Staff Initials:

Patient Information

Name:	Clay Maynard
Date of Birth:	01/02/2002, Male
Diagnosis:	Orthopedics
Medical Facility:	Orthopedics
Doctor:	Robert Fitch
Referred by:	Made Own Request

Guest Information

Ms. Jessica Maynard	DOB	ID Verified	Cleared	Bracelet	ID Scanned
1300 Rabbit Drive, Linden, NC 28356	10/3/83	Yes	CLEARED	Yes	Yes
(C)((987) 345-7742					

Additional Adult Guests

Name	Rel. to Pt.	DOB	ID Verified	Cleared	Bracelet	ID Scanned
Justin Maynard	Father	1/26/1976	Yes	Yes	Yes	Yes

Additional Information

Emergency Contact Name:	Phone #:
Color and Make of Car:	
<i>Has anyone in your family been exposed to an infectious disease within the last 30 days?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

For Office Use Only:

Confirmation Call: Status: _____ # of Adults _____ Children _____ Initials: _____ Date: _____	Check-In: <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Exceed	Check-Out: <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Exceed <input type="checkbox"/> Room marked Dirty	Donations: Date _____ Amount _____ Date _____ Amount _____
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of Adults 2 # of Children 1

Room # 154

Alana Gail Bradham

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Ronald McDonald House of Durham

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Diagnosis:	Orthopedics
Medical Facility:	Orthopedics
Doctor:	Robert Fitch
Referred by:	Made Own Request

Guest Information

Ms. Jessica Maynard	DOB	ID Verified	Cleared	Bracelet	ID Scanned
1300 Rabbit Drive, Linden, NC 28356	10/3/83	Yes	CLEARED	Yes	Yes

Maynard Room 154



Guest Registration Form

Patient Information

Name:

Clay Maynard

Date Of Birth:

Jan 2, 2002

Gender:



Male



Female

Diagnosis:

Orthopedics

Medical Facility:

Orthopaedics

Doctor:

Robert Fitch, Ortho Surge

Referred By:

Made Own Request

aff	Summary	Registration	English	Spanish	Staff	S
ore	Reservation	Patient	Primary Guest	Other Guests	More	Re

Maynard Room 154



Guest Registration Form

Primary Guest Information

Name:

Address:

Phone:

Date Of Birth:

Guest Checklist:

 ID Verified Bracelet Cleared ID Scanned

aff	Summary	Registration	English	Spanish	Staff	S
ore	Reservation	Patient	Primary Guest	Other Guests	More	Re

Maynard Room 154



Guest Registration Form

Additional Guests

Other Guests - Adults

Name: <input type="text" value="Justin Maynard"/>	Relation to Patient: <input type="text" value="Father"/>
Date Of Birth: <input type="text" value="Jan 26, 1976"/>	Guest Checklist <input checked="" type="checkbox"/> ID Verified <input checked="" type="checkbox"/> Bracelet <input checked="" type="checkbox"/> Cleared <input checked="" type="checkbox"/> ID Scanned
Name: <input type="text"/>	Relation to Patient: <input type="text"/>
Date Of Birth: <input type="text"/>	Guest Checklist <input type="checkbox"/> ID Verified <input type="checkbox"/> Bracelet <input type="checkbox"/> Cleared <input type="checkbox"/> ID Scanned
Name: <input type="text"/>	Relation to Patient: <input type="text"/>
Date Of Birth: <input type="text"/>	Guest Checklist <input type="checkbox"/> ID Verified <input type="checkbox"/> Bracelet <input type="checkbox"/> Cleared <input type="checkbox"/> ID Scanned

Number of Child Guests

Number of Adult Guests

Summary	Registration	English	Spanish	Staff
Reservation	Patient	Primary Guest	Other Guests	More

Maynard Room 154



Guest Registration Form

Additional Info

Emergency Contact

Name:

Ken Watson

Phone:

(776)345-2199

(xxx) xxx-xxxx

Vehicle Information

Color:

Blue

Make:

Honda

Infectious Disease

Has anyone in your family been exposed to an infectious disease in the past 30 days?

No

Yes

Staff	Summary	Registration	English	Spanish	Staff
More	Reservation	Patient	Primary Guest	Other Guests	More



Guest Contract
Ronald McDonald House of Durham

We are glad you are here! Since 1980, the Ronald McDonald House of Durham has allowed families to focus on the health and well-being of their critically ill children by keeping families together who are in need of a community of hope, comfort, and empathy. In order to maintain this environment of comfort and peace, we ask that all who enter the House abide by these standards.

1. **No illegal drugs, alcohol or weapons are allowed on the property. Smoking is only allowed on the outside smoking porch.**
 - I understand that being under the influence and/or in possession of illegal drugs, alcohol or weapons is strictly prohibited.
 - If I bring any of these items into the House or smoke inside the house, my stay will terminate immediately, future housing will be denied, and appropriate hospital staff and law enforcement will be notified.
2. **Abuse will not be tolerated.**
 - I understand that any abuse, whether verbal or physical, will not be tolerated and all parties involved will be asked to leave immediately, future housing will be denied, and appropriate hospital staff and law enforcement will be notified.
3. **Child Visitation and Use of Guest Room.**
 - I understand that if my child is in an intensive care unit, I am required to visit with my child for at least six hours a day and be actively involved in their care. Failure to spend a substantial amount of time with my child will result in termination of my stay at RMHD.
 - I will use my guest room every night I am registered at the House. If I need to leave the House for more than 24 hours I will get approval from the Family Services Manager.
4. **Report colds, flu or viral infections.**
 - I understand that if my family or I have been exposed to, or show symptoms of, any contagious disease (colds, flu, viruses, chicken pox, rotavirus, etc.), I WILL report it immediately to the Manager on duty. My family and I will be relocated to a Hotel for an appropriate amount of time.
 - Failure to report a contagious condition will terminate my stay immediately, and future housing will be denied.
5. **Children must be supervised.**
 - Children 18 years of age and younger must not be left unattended in the House.
 - I understand that I must be within eyesight of my child at all times.
 - I understand that I will not leave my child/children to be supervised by another House Guest or volunteer for any length of time.
6. **Shoes must be worn at all times.**
 - I understand that for my safety and the safety of my child, shoes will be worn at all times in the House.
7. **Random room inspections will be performed.**
 - I understand that staff will enter my room, at random times, to check for general cleanliness, and maintenance issues. I understand that I do not have to be in the house at the time of inspection.
 - If I receive more than three warnings for room related issues, I will be asked to leave the House.
8. **Quiet hours are from 9 p.m. until 9 a.m. daily.**
 - I understand that loud and disruptive behavior at this time may result in the termination of my stay at RMHD.
9. **Respect for everyone.**
 - I will respect the authority of all staff and volunteers of the Ronald McDonald House of Durham and the staff and volunteers will respect me and my family.

Staying at the Ronald McDonald House of Durham is a privilege, not a right.

I have read and understand the rules of the Ronald McDonald House of Durham. I understand that I will be held responsible for all of the guests and visitors assigned to my room.

 Guest Name

 Date

 Guest Name

 Date

 Staff Initials

Patient Name _____



Guest Contract

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Maynard Room 154

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Next

Maynard Room 154

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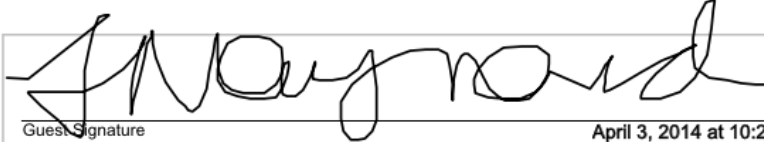
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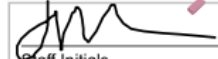
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Guest Signature April 3, 2014 at 10:22:50 AM

Guest Signature


Staff Initials

[Previous](#)[Next](#)

Why we do it

Questions?

Oie Osterkamp

Executive Director

**Ronald McDonald House
of Durham**

