

A) REVIEW POLICY:

It is our pleasure to have you stay at our 'Home-away-from-home.' In order to serve the many families that need our House, your stay is reviewed routinely; but, at minimum, every 21 days. The Ronald McDonald House Charities of Charleston ("RMHC Charleston") guest services staff will assess the following:

- 1) Your child's medical needs
- 2) How you, your family, and guests follow the Guest Contract

We have the right to make exceptions for transplant or outpatient families.

B) PARKING INFORMATION:

We understand that Ronald McDonald House Charities of Charleston does not provide any parking.

**Please note that you run the risk of being towed or ticketed if you do not adhere to parking regulations as outlined by RMHC Charleston, the City of Charleston, and MUSC Parking Management.*

Car Make/Model:

Color:

License Plate #

C) CONSENT TO RELEASE OF INFORMATION AND AUTHORIZATION:

TO: MUSC, DHEC and/or other provider related to your stay.

CHILD PATIENT'S FULL NAME_____

I hereby authorize the above named medical source to disclose information to the Ronald McDonald House Charities of Charleston guest services staff that is relevant to my/my child's stay at RMHC Charleston. This information may include relevant medical, psychological, or social issues or concerns, written or verbal, regarding the treatment, hospitalization, or outpatient care of my child. I understand that RMHC Charleston is not a treatment facility, and does not maintain records of a confidential nature.

I also hereby authorize Ronald McDonald House Charities of Charleston to disclose the information provided to the State of South Carolina Department of Health and Human Services (SC DHEC). This information is used to determine eligibility and approval for Medicaid lodging/travel benefits for the period beginning with my arrival date and through my confirmed departure date. I hereby authorize and direct Medicaid to issue payment directly to Ronald McDonald House Charities of Charleston of the billed amount for lodging/travel services rendered to my approved attendant and/or me.

D) CONSENT TO SMS (Texting) MESSAGING:

RMHC Charleston uses text messaging. The types of messages include emergency alerts, meal updates, general notifications, and/or reminders. By opting in to our texting services, you understand that data rates may apply. You may also opt-out at any time by texting the word STOP to our texting number (843) 699-8474.

By signing below, I confirm that I have read and understand A, B, C, & D policies listed above.

X

Signature of Parent/Guardian

Date

Guest Services Signature

Ronald McDonald House Charities of Charleston Guest Contract



1. Abuse will not be tolerated.

- Ronald McDonald House Charities of Charleston, South Carolina, Inc. ("RMHC Charleston") treats every individual and family with respect. I will respect the authority of all staff and volunteers. I will also respect other RMHC Charleston families and their privacy.
- Any behavior or language that is inappropriate, whether verbal or physical, is not tolerated and all parties involved will be asked to leave immediately. I understand future housing could be denied.
- Please be considerate and take the appropriate amount for all donations, food, and other resources in the Ronald McDonald House ("House"). Do not take cleaning supplies from the bathrooms. Any abuse of supplies or stealing will not be tolerated.



2. No alcoholic beverages, drunken behavior, illegal drugs, firearms, open flames, or weapons are allowed on the property. All guests must leave their firearms locked in their vehicles; this includes guests in the law enforcement profession.



3. Only registered guests are permitted to have the door code. Family and friends MUST be registered in the office BEFORE use of the facility. This includes presenting a valid photo ID to a Guest Services Manager and the additional guest signing the rules. I understand anyone without a proper ID and signed rules will not be permitted to use of the facility. Door codes cannot be shared.

- Family members must sleep in their own room. No one is allowed to sleep in the living areas.
- Visiting guests must leave by 10:00 pm; only registered guests are allowed in the House after 10pm.
- Registered guests are responsible for their visitors and their actions.
- A registered family member must greet all family visitors.
- Do not let strangers into the House.



4. Children must be supervised at all times.

- I understand no one under the age of 18 may be in the House without a parent or guardian. Children are not allowed in the common areas without parental supervision.
- I understand staff, volunteers, and other House guests are not allowed to supervise my children.
- I understand RMHC Charleston does not assume responsibility for any children staying in the House.
- I understand if the patient/parent is a minor, their partner may not stay with them in the House whether or not the partner is a minor.



5. Individuals with a contagious illness and/or infectious disease may NOT stay at RMHC Charleston.

- I understand no one can stay at the House who has been exposed to contagious and/or infectious disease in the last 4 weeks.
- I understand if I develop any contagious and/or infectious illness during my stay here, I must report it to the Guest Services Staff immediately. I will be asked to leave for the safety and health of our immune suppressed children and other families.



6. No smoking or vaping is allowed on the property (this includes the House, all porches, the park, and alleyway).



7. Room use and hospital visitation.

- If I need to leave my room vacant for 24 hours or more, I must get prior approval from a Guest Services Manager. I will leave my key with the manager until I return.
- I understand I am required to visit with my child at the hospital daily and be actively involved in his or her care.
- I understand RMHC Charleston has the right to limit the amount of guests to four per room.
- If you are here by yourself and your child is in a hospital room with a chair/bed, you will be expected to stay with your child and give up your room at RMHC Charleston. One parent or legal guardian must stay in the hospital room if the hospital staff deems it necessary.
- In the event the hospital staff (or medical professional) deems your need for RMHC Charleston has ended, you are required to check out.



8. Keep the common areas clean. I understand guests are responsible for basic cleanliness and must meet these expectations.

- Clean kitchen and dining room immediately after eating. Rinse dishes and place in dishwasher. Wipe off counters and tables.
- Bathrooms must be cleaned before and after each use. Please do not leave personal belongings in the bathrooms.
- I understand I am responsible for cleaning up after my children and all registered guests.
- All adults and children must wear shoes or slippers and appropriate clothing at all times.



9. Families are responsible for cleaning their own room and doing their own linens.

- Rooms are checked for cleanliness every week and cleaned by housekeeping every 30 days.
- Please report any maintenance problems and damaged linens to a Guest Services Manager.
- Check-out procedures are posted in the room and must be followed.



10. Quiet time is from 11:00 pm until 7:00 am.

- I understand young children should be in their bedrooms during these hours.
- The kitchen is closed from 11pm until 7am and the living room TV is turned off at 10pm to help reduce noise during quiet hours.



11. I understand RMHC Charleston is not responsible for personal belongings or mail left in the House, on House property, or in automobiles. I/we waive any and all rights to make a claim against RMHC Charleston in the event of damage, theft, or loss of property.



12. RMHC Charleston Staff reserves the right to enter and inspect guest rooms at any time, as needed.



13. By signing these rules, I agree that I meet the requirements to stay at the House. This includes there being no open Department of Social Services case(s) currently open against my family or myself.

I confirm that I have read and understand the Guest Contract. Additionally, I agree to the conditions set forth in the Contract and understand that abiding by it is a condition of my stay at Ronald McDonald House Charities of Charleston, South Carolina, Inc. and that failure to comply will result in the immediate termination of my stay. *Please be advised that security cameras are in use 24/7*

Signature_____ Signature_____ Signature_____ Date_____



**Ronald McDonald House Charities® (RMHC®)
Grant, Assignment, Release, and Waiver**

I hereby grant to (i) Ronald McDonald House Charities, its affiliates, subsidiaries, franchises, advertising and promotional agencies, and their respective agents and representatives, any of its Chapter organizations (defined as an entity having the right to use Ronald McDonald House Charities, Ronald McDonald House, Ronald McDonald Family Room, and/or Ronald McDonald Care Mobile, or other trademarks for charitable purposes) (collectively, "RMHC") and (ii) all of RMHC corporate partners (collectively, the "Partners"), including, but not limited to, McDonald's Corporation, its affiliates, subsidiaries, franchises, advertising and promotional agencies, and their respective agents and representatives (collectively, "McDonald's", and together with RMHC and the Partners, the "Grantees"), the irrevocable, unrestricted worldwide right to use, publish, display, broadcast, edit, modify and distribute materials bearing my name, voice, image, likeness and/or any other identifiable representation of myself (collectively, "My Likeness".) These materials may appear in any form, style, color, or medium whatsoever now known or later developed (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media.) **The Grantee's use of My Likeness will be limited to use involving raising awareness of or for support of RMHC.**

I agree that all materials containing My Likeness (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Grantees, and I hereby assign any right I may have acquired in or to such material to the Grantees. I hereby release and forever discharge the Grantees from any and all claims, liabilities and damages relating to the use of My Likeness. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates My Likeness.

I have agreed to the above in consideration of the opportunity given to me by RMHC and/or McDonald's to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Name (please print)

Signature

Address

Date Signed

City, State, Country, Zip/Postal Code

I represent that I am a parent or legal guardian of the person identified above, who is a minor. I understand the above and consent to the use of his/her Likeness as set forth above.

Signature of Parent or Guardian

Minor's Date of Birth

Name of Parent or Guardian (please print)