

Instructions: Fill out this application with your personal information. Information must be complete and legible.

- Type answers, then print out form; or
- Hand write your answers in print (*no cursive*).

Return application by any of the following methods:

1. Return to a staff member at the main lobby window of the campus you are visiting.
2. Return by mail to the appropriate address:

For Salem Patients:

Oregon State Hospital, Salem
RECEPTION
2600 Center Street NE
Salem, Oregon 97301

For Junction City Patients:

Oregon State Hospital, Junction City
RECEPTION
29398 Recovery Way
Junction City, Oregon 97448

3. By fax:

Salem: 503-945-2807
Junction City: 541-465-3007

4. By scanning and emailing to:

Salem: SalemOSH.CommCenterLEDS@state.or.us
Junction City: JC.BusinessServices@state.or.us

This form may contain your personal information. If you return the form by email there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.

Patient name: _____	Unit: _____
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Minor visitor information

Name: _____ Date of birth: _____ Gender: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Relationship of minor to patient: _____

Parent or guardian

Name: _____ Mailing address: _____

City: _____ State: _____ ZIP: _____

How do you would you like to be notified? Phone Email Mail

Email: _____ Phone: _____

Parent/legal guardian permission for minor's visit

(Note: Every applicant, including minors, must complete and submit a separate application)

Oregon State Hospital requires that all non-emancipated persons under the age of 18 must have the approval of their legal guardian or the custodial parent and must be accompanied during the visit by an adult who is also approved to visit the same patient.

I hereby give my permission for (MINOR) to visit with the patient named above, who is receiving treatment in a secure treatment environment at the Oregon State Hospital. I do so with the understanding that neither Oregon State Hospital, nor any of its representatives, shall be or become liable or responsible for any loss, injury or damage to persons or property resulting directly or indirectly from any act.

Printed name of parent/legal guardian	Signature of parent/legal guardian	Date
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For official use only

Received by: _____	Date: _____	
LEDS operator: _____	Date: _____	Result: _____