



The John M. Parrott Centre Resident Absence Request Form

Resident absences from The John M. Parrott Centre will be considered on a case-by-case basis in collaboration with the care team. The risk level will be assessed according to criteria outlined by current Ministry Directives and guidelines.

Please note, all residents and their escorts for the absence must be provided education on physical distancing, hand hygiene and proper use of masks/face coverings.

Staff receiving request: _____ Date: _____

Person requesting the LOA and contact number: _____

Has the escort had a Negative COVID test within 14 days of the outing? _____
(Required if entering the John M. Parrott Centre to pick up and/or return resident to their RHA)

Resident Name and Room number: _____

Details of the LOA being requested:

1. Date and time of requested absence: _____
2. Where is the resident going? _____
3. Estimated duration of absence: _____
4. Will the resident be away overnight? _____
5. Is this an event or social gathering (i.e. funeral, wedding family get-together)? _____
Provide details:

6. Will resident be in contact with 10 or more people? _____

If NO to all of questions 4 – 6, the LOA is permitted as per regular practices. Document and attach completed absence request form
If YES to any of questions 4 to 6, full risk assessment is required. Forward this request to Manager of Nursing/delegate for further review.