



HENRY FORD  
MACOMB HOSPITAL  
WARREN CAMPUS

RELEASE OF HOSPITAL FROM LIABILITY  
FOR TEMPORARY ABSENCE FROM THE  
HOSPITAL WITH PERMISSION

Patient \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ A.M. ☐ P.M.

Having obtained permission from the attending physician to be absent from the hospital from

\_\_\_\_\_, \_\_\_\_\_ ☐ A.M. ☐ P.M. to  
(Date) (Time)

\_\_\_\_\_, \_\_\_\_\_ ☐ A.M. ☐ P.M.  
(Date) (Time)

I assume all responsibility for myself or \_\_\_\_\_,  
(Patient)

who is my \_\_\_\_\_, during this temporary absence and hereby  
(Relationship)

release the hospital, its employees and attending physician from all responsibility during this absence and any condition  
as a result thereof.

X \_\_\_\_\_  
(Patient)

If patient is unable to sign, or is a minor, complete  
the following:

X \_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Patient is (a minor \_\_\_\_ years of age or is) unable to  
sign because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
(Nearest relative or legal guardian)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(City) (State) (Zip Code)