

## HENRY FORD MACOMB HOSPITAL WARREN CAMPUS

## RELEASE OF HOSPITAL FROM LIABILITY FOR LEAVING THE HOSPITAL AGAINST PHYSICIAN'S ADVICE

					M. 🗆 P.M.
	ospital agains the medic				
he risk(s) involve	ed to be				· · · · · · · · · · · · · · · · · · ·
hereby release r	my attending physician, t	he hospital and its e	mployees from any a	and all responsibility for	any ill effects
which may be the	e result(s) of my leaving	the hospital against t	he advice of my phy	sician.	
			x	(Patient)	
			If patient is una the following:	ble to sign, or is a mine	or, complete
			5		
				nor years of age o	
			sign because_	_	
x			<u> </u>		
<b>^</b>	(Witness)				
			x	est relative or legal guard	
	(Home Address)		(Near	est relative or legal guard	lian)
(City)	(State)	(Zip Code)		(Home Address)	
x -y/	()	· · · · · · /		(	
			(City)	(State)	(Zip Code)

(REVERSE SIDE): Release of Hospital from Liability for Temporary Absence from Hospital with Permission.



## HENRY FORD MACOMB HOSPITAL WARREN CAMPUS

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

Buto			Time		Q A	<b>ጓ</b> .М.	🗆 P.N
Having obtained per	rmission from the atte	ending physician	to be absent from	the hospital fro	m		
			□ A.M. □ P.M	. to			
(Date)		(Time)	_				
			_ 🗆 A.M. 🗆 P.M				
(Date)	(	(Time)					
I assume all respon	sibility for myself or						
				Patient)	_	_	
who is my	(Relationship)			during this ten	nporary absen	nce an	d herek
	(Relationship)						
release the hospital,	, its employees and at	ttending physicia	n from all responsi	bility during this	s absence and	d any	conditic
as a result thereof.							_
			X				
			x	(E	Patient)	-	
			x	(F	atient)	ł	
		V				ior, -co	mplete
		V		is unable to sig		ior, co	mplete
		V	If patient the follow	is unable to sig /ing:	gn, or is a min		-
<b>)</b>		V	If patient the follow Patient is	is unable to sig /ing: (a minor	gn, or is a min years of age	or is)	unable
x	(Witness)	V	If patient the follow Patient is	is unable to sig /ing:	gn, or is a min years of age	or is)	unable
<b>x</b>	(Witness)	V	If patient the follow Patient is	is unable to sig /ing: (a minor	gn, or is a min years of age	or is)	unable
x	(Witness) (Home Address)		If patient the follow Patient is	is unable to sig /ing: (a minor	gn, or is a min years of age	or is)	unable
x	(Witness)		If patient the follow Patient is	is unable to sig /ing: (a minor	gn, or is a min years of age	or is)	unable
x	(Witness)	(Zip Code)	If patient the follow Patient is	is unable to sig /ing: (a minor	gn, or is a min	or is)	unable
	(Witness) (Home Address)		If patient the follow Patient is	is unable to sig /ing: (a minor	gn, or is a min	or is)	unable
	(Witness) (Home Address)		If patient the follow Patient is	is unable to sig ving: (a minor ause (Nearest relativ	gn, or is a min	or is)	unable

(REVERSE SIDE): Release of Hospital from Liability for Leaving the Hospital Against Physician's Advice.