

RELEASE OF RESPONSIBILITY FOR LEAVE OF ABSENCE

I, the undersigned, hereby accept complete responsibility for _____
(NAME OF RESIDENT/PATIENT)
while away from _____ and absolve the management of this facility,
(NAME OF FACILITY)
its personnel and the attending physician of responsibility for any deterioration in condition or accident that may happen while the resident/patient is away from this facility.

I understand that a bed will be reserved for this resident/patient when they return on or before the designated date and time.

Authorization must be signed by the resident/patient or by the nearest relative in the case of a minor or when person is physically or mentally compromised.

[illegible]