

**BCH RELEASE FROM
RESPONSIBILITY FOR DISCHARGE**



Consent Discharge

Date: _____

Time: _____ a.m./p.m.

THIS IS TO CERTIFY THAT I am removing _____
from Children's Hospital against the advice of the attending Physician and of the Hospital
Administration. I acknowledge that I have been informed of the risk involved and hereby
release the attending Physician and Children's Hospital from all responsibility for any ill
effects which may result from such discharge.

Signed: _____
(Parent or Person Legally Authorized to Give Consent)

Relationship to Patient: _____

Witness: _____ Date: _____