

LEAVING HOSPITAL AGAINST ADVICE

Date _____

This is to certify that I, _____, a patient in

_____ Hospital am leaving the hospital against the advice of the attending physician and the hospital administration. I acknowledge and I have been informed of the risk involved and hereby release the attending physician, and the hospital, from all responsibility and any ill effects which may result from this action.

PATIENT

OTHER PERSON RESPONSIBLE

RELATIONSHIP

Witness _____

Witness _____