

Release of Responsibility for Leave of Absence

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

I Understand that a bed will be reserved for the above-named resident when he returns on or before the appointed date and time.

Authorization must be signed by the resident, or by the nearest relative in the case of a minor or when resident is physically or mentally incompetent.

Signing "OUT"						Signing "IN"		
Date	Time	Name of Resident	Signature of Person Accepting Responsibility	Address/Phone of Destination	Expected Date/Time of Return	Date	Time	Signature of Facility Representative

Resident Name:	Room #	Physician:	Medical Rec. #
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