

Refusal To Discharge Patient in Special Safety Device

I, _____, parent/guardian of _____ who is a patient at _____ will allow my child to be discharged from the hospital without the protection of a special car safety device even though I have been advised against such action.

I acknowledge that I have been offered the loan of such a device and have refused this special safety device.

Having been informed that all 50 states have laws that require children to ride correctly secured in a federally approved child safety device, I hereby assume any and all risks in connection with this refusal and thus release and hold harmless _____, its agents, employees and medical staff from any and all liability from any personal injury, property damage or adverse affects which may result.

Signature of Parent/Guardian

Date

Witness

Date