RELEASE OF RESPONSIBILITY FOR LEAVE OF ABSENCE

Name of Patient _____

The above named patient may be granted a leave of absence for the purpose of

1. _____

2. _____

3. _____

with/without supervision of the facility. 1 2 3

_____
(Attending Physician)

I, the undersigned, do hereby request permission to take the above patient from the facility permises. I hereby specify the time of departure and the expected time of return.

By affixing my signature, I assume all responsibility and promise and agree not to hold the facility in any way liable for any incident involving this patient while away from the facility.

Date	Time Out	Expected Time In	Time In	Destination	Signature of Person Taking Patient	Relationship	Nurse

Approved California Association of Nursing Homes, Sanitariums, Rest Homes and Homes for the Aged, Inc.

SNF-1010 SNF FORMS - P.O. Box 4390, Garden Grove, CA 92642 –