



Name	_____
DOB	_____
MRN	_____

Escort Waiver Discharge from Hospital After an Ambulatory Procedure Without an Escort

1. It has been explained to me before my procedure that the safest option is to leave the hospital with a responsible adult escort, but I was unable to arrange for one.
2. My physicians and I have weighed the risks and benefits of postponing my procedure versus leaving without an escort and I understand that the plan is to ensure I am safe for discharge at the end of procedure, which may include staying longer for observation and going home with a transport service which may have additional costs.
3. I understand that I may feel tired, have some physical discomfort, and may experience difficulties walking on my own. I have been told that I should not drive a motor vehicle or operate heavy machinery.
4. I assume the risk and consequences of this discharge and release my physicians, health care team, and administrators, its employees, students and medical staff from any liability which may result from this discharge.

Patient*, Legally Authorized Representative	_____	_____	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Time</i>	<i>Date</i>	<i>Relationship</i>
Signature Witness:	_____	_____	_____	_____	
	<i>Print Name</i>	<i>Signature</i>	<i>Time</i>	<i>Date</i>	Patient Confirmed Signature Witness <input type="checkbox"/> <i>(Check box if Applicable)</i>
Interpreter Name or Number, if required	_____	_____	_____	_____	
	<i>Print Name</i>	<i>Signature</i>	<i>Time</i>	<i>Date</i>	Patient Refused Interpreter <input type="checkbox"/> <i>(Check box if Applicable)</i>

*THE SIGNATURE OF THE PATIENT/LEGALLY AUTHORIZED REPRESENTATIVE MUST BE OBTAINED UNLESS THE PATIENT IS AN UNEMANCIPATED MINOR UNDER THE AGE OF 18 OR IS OTHERWISE INCOMPETENT TO GIVE CONSENT

➔ **The Attending Physician or Privileged Proceduralist who is performing the procedure must sign the certification below.**

I, the attending physician or privileged proceduralist, hereby certify that the nature, purpose, benefits, risks of, and alternatives to the proposed procedure/operation have been explained to the patient/relative/guardian and I have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered. In the event that I was not present when the patient signed this form, I understand that the form is only documentation that the adequacy of the informed consent process took place.

_____	_____	_____	_____
<i>Print Name</i>	<i>Attending Physician/Privileged Proceduralist Signature</i>	<i>Time</i>	<i>Date</i>

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.