



Affix Patient Label	
Patient Name:	Date of Birth:

Pediatric Security System Release Form

For Hospitalized Infant/Child:

I, _____ parent/guardian
 for _____ have been told
 and understand the reasons for attaching the Hugs Infant Security Bracelet.

I understand the security system is used in the Children's Hospital at Bronson for children age 10 and younger. I understand by my child wearing the bracelet, should they leave the department on their own or with assistance, a signal would alarm and a tracking device would assist Hospital staff to find the child/infant within the hospital.

Members of the hospital staff have given me information on how the security system works. My questions have been answered.

I accept the risk of harm to my infant/child due to my decision to not comply with having my child wear the bracelet. I will not hold the doctor responsible for any harm or injury to my child/infant as a result of my decision. I will not hold the nurse responsible for any harm or injury to my child/infant as a result of my decision. I will not hold the hospital responsible for harm or injury to my child/infant as a result of my decision.

I have read and fully understand this document.

Signature: _____ Date: _____ Time: _____

Relationship: Parent Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the text on this form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

Witnessed By: _____ Date: _____ Time: _____