

**University of Michigan Hospitals and Health Centers
PATIENT'S RELEASE FORM FOR REFUSAL OF
BLOOD OR TREATMENT**



I, _____, refuse to allow anyone to
(patient's name)

(here insert prohibitions)

The risks attendant to my refusal have been explained to me, and I understand that I will
in all probability need _____

(here insert needs)

and that if the same is not done, my chances for regaining normal health are seriously
reduced, and that, in all probability, my refusal of such treatment or procedure will
seriously imperil my life.

I release the Hospital, its personnel and other persons participating in my care from any
responsibility for respecting and following my express wishes and directions.

(witness)

(patient's signature)

_____ a.m. p.m.
(date) (time)

Because the above patient is an unemancipated minor, _____ years of age, this
release is given on the patient's behalf by:

(witness)

(parent or guardian)

_____ a.m.
_____ p.m.
(date) (time)

(parent or guardian)

Rev 12/90	Medical Record Copy	University of Michigan Hospitals and Health Centers	Patient's Release Form for Refusal of Blood or Treatment
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