AUTHORIZATION FOR RELEASE OF INFANT/CHILD TO OTHER THAN PARENT/LEGAL GUARDIAN

Purpose:

To provide a mechanism for authorization for release of an infant/child to anyone other than the parent or legal guardian.

Policy:

It is the policy of LSU Health Sciences Center in Shreveport that:

1. No infant/child shall be released to anyone other than the parent/legal guardian without authorization.

2. All pediatric/adolescent patients shall be screened on admission by a Registered Nurse for any potential custody/security issues related to their care.

3. Custody/security issues will be noted on the Patient History/Assessment and Discharge Record (SN 1048) and an authorization for release of infant/child to other than parent/legal guardian form will be placed on the front of the medical record.

4. The authorization for release must be signed by parent or legal guardian and witnessed by two LSUHSC employees prior to discharge of infant/child to anyone other than the parent/legal guardian.

5. Proof of identification must be provided by the person designated by the parent or legal guardian before the child is released to their care. Examples of identification may include: Drivers license or other type of photo ID.

6. Should there be any question regarding legal guardianship of an infant/child staff shall contact the Administrator on Call and/or Hospital Legal Counsel for direction prior to proceeding with discharge.

_______________________
Administrator

____7/21/04______________
Date
AUTHORIZATION FOR RELEASE OF INFANT/CHILD TO OTHER THAN PARENT/LEGAL GUARDIAN

I, ________________________________________, do hereby grant my permission for my child, ________________________________________, ______________, to be released to:

________________________________________, ___________________________________

Name                                                                            Relationship

Address, City, State, Zip

This release does not constitute an adoption or change in custody. My child is to remain in this person’s care until such time as the parent(s) are able to resume care.

LSU Health Sciences Center-Shreveport is held as blameless in this release.
I am signing this form of my own free will.

_________________________                                     _________________________________
Mother’s Signature                                       or               Father’s Signature

________________________________________________
Date

Witnesses: ____________________________________________

________________________________________               ________________