

Permit for Using Electrical Appliances

I hereby request (*name of appliance*) _____ in my room while a patient in (*name of hospital*) _____.

I do this at my own risk and hereby release and hold harmless the hospital, its employees, my physician(s) and any other person participating in my care from any and all responsibility for burns, injuries or property damage which may result from or because of my use of the appliance(s).

Date: _____ Time: _____ AM / PM

Signature: _____
(*patient/legal representative*)

If signed by someone other than patient, indicate relationship: _____

Print name: _____
(*legal representative*)

NOTE: This form should include taglines as required by the Affordable Care Act.
(See www.calhospital.org/taglines, for detailed information.)

Original: Medical Record

Copy: Patient

Permiso Para Usar Aparatos Electricos

Por la presente, solicito el siguiente aparato eléctrico (*nombre del aparato*) _____
_____ para utilizar en mi cuarto mientras esté
internado/a en (*nombre del hospital*) _____, lo hago a mi propio riesgo y,
por la presente, eximo y libero a dicho hospital, al personal de éste, así como a mi(s) médico(s)
y cualquier otra persona que esté participando en mi atención, de toda responsabilidad por
quemaduras, daños a mi persona o a mis bienes, que pudieran resultar del uso de dicho(s)
aparato(s).

Fecha: _____ Hora: _____ AM / PM

Firma: _____
(*paciente o representante legal*)

Si no lo firma el paciente, indique la relación con éste: _____

Nombre en letra de imprenta: _____
(*representante legal*)

NOTE: This form should include taglines as required by the Affordable Care Act.
(See www.calhospital.org/taglines, for detailed information.)

Original: Medical Record

Copy: Patient