

# COUNTY HOSPITAL

ADDRESSOGRAPH

## SIDE RAIL RELEASE

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Having been informed by \_\_\_\_\_ Hospital that protective side rails should be raised for my personal protection, I hereby instruct the hospital and its employees:

Patient      Nurse  
Initials     Initials  
  
\_\_\_\_\_

To leave all protective siderails in the down position and I hereby assume all risks in connection therewith and fully release the Hospital, its employees and physicians from any and all liability for any injury or damages to me be reason of this activity.

Patient      Nurse  
Initials     Initials  
  
\_\_\_\_\_

To place all siderails on my bed in the raised position at my request and I realize that such action does not constitute an act of restraining or confining me against my will but rather is solely at my request. I fully release the Hospital, its employees and physicians from any and all liability for any injury or damage to me by reason of this request.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness