



Royal Victoria
Regional Health Centre

Consent for Short Term Absence

NAME: _____

DOB: _____

HRN: _____

I, _____ on behalf of
Patient or Substitute Decision Maker

_____ hereby consent for
Patient Name

_____ to be absent from the
Patient Name

Royal Victoria Regional Health Centre.

I acknowledge that the Royal Victoria Regional Health Centre is not responsible for anything which may occur to _____ while he/she is
Patient or Substitute Decision Maker
engaged in activities while outside the premises of the Royal Victoria Regional Health Centre.

Signature of Patient or Substitute Decision Maker

Relationship to the Patient

Witness

Date (dd/mm/yy)

