



Acknowledgement of Requirement for Responsible Adult to Remain on Premises

Patient Name: _____

I acknowledge that as the responsible adult providing transportation after discharge from the Surgery Center of Gilbert, I have been advised to remain on premises at the Surgery Center. I will remain on the premises until the patient I am providing transportation has been discharged.

Printed Name of Responsible Adult

Relationship to Patient

Responsible Adult Cell Phone Number

Signature

Date

Please provide the name and number of the person that will be monitoring you for the 24 hours required after discharge.

Same as above

Name

Phone Number

If you and your responsible adult will be traveling using an outside transportation company, please provide their name and number below:

Name

Phone Number