



CENTRAL MICHIGAN

1221 SOUTH DRIVE, MT. PLEASANT, MI 48858

PATIENT LABEL

Discharge Identification Form

FOR ALL NEWBORN PATIENTS

This is to certify that:

1. My name is (print) _____

2. I am the (circle relationship to patient)

Mother Father Legal Guardian Representative of the parent/legal guardian

3. I received the baby _____ from
(name on bracelet/legal name)

McLaren Central Michigan on this date/time: _____

The following section must be completed for newborns discharged from the Family Birthing Center:

I certify that during the discharge process, I checked the Identification bands secured on the baby and on myself. I found that they were identical numbers _____ and contained correct identifying information. I certify that I have received my baby.

Signature: _____ **Witness:** _____

Note: Newborn and pediatric patients will be discharged as ordered, upon completion of this form by the person receiving this child. **If the person is not the Parent or Legal Guardian of the child, a Discharge Designation form must be completed by the parent/guardian, or the caregiver designated in the Child Protective Services Safety Plan, or a court order for custody must be presented, prior to the release of the child.** The designated person must present picture identification as well as the ID bracelet matching the child's bracelet at the time of discharge. A photocopy of the picture ID is to remain in the medical record. The parent's ID bracelet which matches the newborn's bracelet is not required for discharge to an adoption agency or to a court ordered custodian.



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