



GREATER LANSING

### DISCHARGE RECEIPT

FOR ALL NEWBORN AND PEDIATRIC PATIENTS

(To be attached to medical record)

THIS IS TO CERTIFY:

1. My name is (print) \_\_\_\_\_

2. I am the: (Circle your relationship to patient)

Mother   Father   Legal Guardian, or   representative of the parent/legal guardian

3. I received the child, \_\_\_\_\_ from  
(Name of Child)

McLaren Greater Lansing on this date \_\_\_\_\_

Signature: \_\_\_\_\_      Witness: \_\_\_\_\_  
(Must be 18 years of age)

Note: Newborn and pediatric patients will be discharged as ordered, upon completion of this form, by the person receiving the 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 care giver 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 child's bracelet is not required for discharge to an adoption agency or to a court ordered custodian.

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

I CERTIFY that during the discharge procedure I checked the Ident-A-Band® bracelets sealed on the baby and on me and found that they were identically numbered \_\_\_\_\_ and contained correct identifying information. I certify that I have received my baby.

DISCHARGE RECEIPT



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