



## Therapeutic Leave/Release of Responsibilities Upon Resident Leaving the Facility

Client Name		Record Number	
Justification of Leave:			
Length of Leave:			
Date and Time of Return:			
Resident's Condition Upon Leaving the Group Home:			
Problems Noted:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:			
List medication released and counted:			
Medication released and counted, accurate in accordance with days requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Leave from _____	to _____		

*I, as a responsible person or guardian of this resident, do hereby assume full responsibility for the care and well-being by relinquishing the Yadkin Home Place Group Home of all liability.*

Responsible Person/Guardian (Print Name)

Responsible Person/Guardian Signature

Date/Time

Group Home Manager or Staff

Date/Time