

## Release of Liability For Refusal of Blood and Blood Products

I, \_\_\_\_\_, or on behalf of my \_\_\_\_\_ relationship, \_\_\_\_\_, have been advised by Dr. \_\_\_\_\_ that  
name of patient

he/she proposes / may be required to administer transfusion of blood, blood products or blood fractions as part of my plan of care.

I have provided Dr. \_\_\_\_\_ with expressed instructions not to administer blood, blood products or blood fractions.

- I make this medical/religious directive as one of Jehovah's Witnesses. In addition, I do not consent to have blood drawn for the purpose of blood typing and crossing in preparation for possible blood transfusion.
- I make this decision for other / personal reasons.

I acknowledge that Dr. \_\_\_\_\_ has advised me of the risks and potential consequences of my refusal to permit blood, blood products or blood fractions to be administered and has responded to my requests for additional information about alternative courses of action to my satisfaction. Nonetheless, I reaffirm my instructions not to administer blood, blood products or blood fractions.

I hereby, on behalf of myself, my heirs, executors and administrators, forever release and discharge the North Bay Regional Health Centre, its Board of Directors, administrators, attending physicians, nurses and other hospital staff from any liability whatsoever which may arise in consequence of my decision.

I further covenant and agree to indemnify and save harmless the North Bay Regional Health Centre, its Board of Directors, administrators, attending physicians, nurses and other hospital staff from any and all claims or demands which may arise in consequence of my decision.

I hereby acknowledge that I appreciate and am aware of the risks inherent in my decision and am prepared to assume such risks.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
(month) (year)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient

or

\_\_\_\_\_  
Parent / Substitute Decision Maker