ALASKA REGIONAL HOSPITAL

Operating Room Observer CONSENT FORM

A. *Observer*

This is to certify that I, _____, of my own accord have requested to be present during the following procedure(s)_____.

I hereby agree to assume all responsibilities for any unforeseen results occurring to my person during this procedure, and therefore, release Alaska Regional Hospital, its employees, and the attending physician from all liability of any nature.

I agree to leave the Operating Room at any time I am requested to do so by any Surgical Services personnel or surgeon.

_____ Observer Signature	_____ Date	_____ Time
_____ Witness Signature	_____ Date	_____ Time

B. *Patient*

I hereby agree to have the above named person in the Operating Room during the above named procedure(s).

_____ Patient Signature	_____ Date	_____ Time
_____ Witness Signature	_____ Date	_____ Time

C. *Physician*

I hereby agree to have the above named person in the Operating Room during the above named procedure(s).

_____ Anesthesia Provider Signature	_____ Date	_____ Time
_____ Attending Physician Signature	_____ Date	_____ Time

PLACE PATIENT LABEL HERE