

Medical Liability Waiver Form Sample

A **medical liability waiver form sample** is a crucial document used to protect healthcare providers from legal claims. It clearly outlines the risks involved in medical procedures and ensures patient consent is documented. Utilizing a well-drafted waiver form helps maintain transparency and trust between patients and medical staff.

Medical Liability Waiver Form

Patient Information

Full Name:

Date of Birth:

Address:

Phone Number:

Medical Procedure Details

Procedure:

Date of Procedure:

Liability Waiver & Consent

I acknowledge that I have been informed of the risks, benefits, and alternatives related to the medical procedure described above. I have had the opportunity to ask questions and receive answers to my satisfaction.

By signing below, I voluntarily consent to the procedure and release the healthcare provider, its staff, and affiliated entities from any liability for complications or injuries arising from the procedure except for those caused by gross negligence or intentional misconduct.

Patient/Guardian Signature:

Date:

Submit