

Driver Responsibility Form

Parent/Legal guardian		
Patient Signature -or-	Date	_
-I acknowledge that I have informed V	WMKC of who my driver is	s for todays infusion
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-I have been instructed to not drive fo	or 12 hours post infusion.	
-I acknowledge that post op instructions have been given verbally to me.		
-I hereby acknowledge that a driver w	vill be assuming responsil	oility for me.