



## Permission to Leave Form

I \_\_\_\_\_ give Embrace Healthcare permission to leave  
medications/supplies, if no one is home, for \_\_\_\_\_ at  
\_\_\_\_\_ . I understand that I take full responsibility  
and Embrace Healthcare will not replace any lost, stolen, damaged, etc. products.

Choose one

Permission to Leave

Location (ex: porch, back door, etc.) \_\_\_\_\_  
\_\_\_\_\_

Key Lock Box (**Requires entry to home**)

Location (ex: right inside the door, kitchen table, etc.) \_\_\_\_\_  
\_\_\_\_\_

Patient or Caregiver Signature \_\_\_\_\_

Patient or Caregiver Name Printed \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Date \_\_\_\_\_