

**Date:** [Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Guardian Name:** [Parent/Guardian Name]

To whom it may concern,

This letter confirms that [Parent/Guardian Name], the legal guardian of [Patient Name], has chosen to discharge the patient from [Facility Name] against the formal medical advice of the attending physician, [Physician Name].

**Medical Assessment:**

The patient was presented for treatment of [Reason for Admission/Diagnosis]. Based on medical evaluation, it was recommended that the patient remain hospitalized for [Required Treatment/Observation].

**Risks of Early Discharge:**

The medical staff has explained the potential risks associated with leaving the hospital at this time, which may include, but are not limited to:

- Worsening of the current condition: [Specific Risk]
- Permanent injury or disability
- Risk of infection or complications
- Risk of death

**Guardian Acknowledgment:**

By signing the formal AMA form, the guardian acknowledges that they understand these risks and assume full responsibility for the patient's health and safety following this departure. The guardian was informed that they may return to the emergency department at any time if the patient's condition deteriorates.

**Follow-up Instructions:**

The guardian has been advised to follow up with a pediatrician within [Number] hours/days. [List any immediate prescriptions or care instructions provided].

Sincerely,

[Physician Signature]

[Physician Name and Title]

[Facility Name]

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**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_