

# DO-IT-YOURSELF TORT REFORM RELEASE

-READ CAREFULLY BEFORE SIGNING-

Dear Doctor \_\_\_\_\_, (patient to fill-in doctor's name)

My child, \_\_\_\_\_, age \_\_\_\_\_, is in your medical office today.  
(name)

You will perform the following medical procedure(s) on my child:

(Check all that apply)

- surgery
- anesthesia
- important medical exam
- emergency medical treatment

I am worried about the high cost of health care and have been told your malpractice insurance is too expensive for you to maintain your normal lifestyle and business profit.

Because of my concern for the profit margin of the medical profession and the insurance industry, if you do any of the following: (check all that apply)

- break the rules all doctors should follow
- kill my child by mistake or inattention
- forget to give the right medications resulting in injury or death
- misdiagnose or mistreat a disease
- accidentally burn my child over his/her body
- mistakenly amputate an arm or a leg

I hereby give up my right and my child's right to hold you responsible for my child's injuries or death by agreeing to: (check all that apply)

- never sue you for your mistakes (emergency room treatment only)
- limit the compensation for my child's lifetime of pain and suffering or death to only \$250,000 of your insurance policy.

Example: My child is now 3 years old, so that would be about \$3,300 a year for the rest of her life, if she is burned beyond recognition by your mistake

\_\_\_\_\_  
(Parent's Signature) \_\_\_\_\_ (Date)

**I now knowingly sign away my child's legal right to enforce competent medical care.**

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## NO, I WILL NOT SIGN AWAY MY CHILD'S LEGAL RIGHTS

Doctor, I think you should be held to the same laws as every other person in the country and should be responsible for all the consequences of your mistakes, just as I would be if I injured someone because of my mistake.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(I don't want to sign away my child's legal rights)**