

Consent for Medical and/or Emergency Treatment

Client's Full Name

DOB

Name of Doctor:

Phone:

Address:

Allergies:

Medications:

Medical issues in the past, and/or all past surgeries:

Doctor's Orders - List any restrictions, activities, diet, physical therapy, rehabilitation, medication and any health issues that might need to be known. (*Attach Doctor's orders to this form*)

Guardianship: (Legal paperwork showing guardianship of client must be attached. Provide notarized agreement to the consent of medical treatment for client by all siblings/guardians).

I understand minor injuries will be treated by Ellna's Adult Home Care, and a text with picture or phone call we be sent to the guardian. In the event staff determines professional medical treatment is needed for injury or health concern I give permission for client to be transported to hospital by ambulance. I direct Ellna's Adult Home Care to attempt to contact me. However, if medical care becomes essential, I give permission for the staff at Ellna's Adult Home care to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

Guardian #1

Guardian #2

Print Name:

Print Name:

Relationship:

Relationship:

Phone

Phone

Signature:

Signature: