

Retirement Community Care Services Consent Form

Date: _____

Resident Name: _____

Address: _____

City, State, Zip: _____

Consent for Care Services

I, the undersigned, hereby consent to the care services provided by [Retirement Community Name], including but not limited to:

- Assistance with daily living activities
- Medication management
- Physical and occupational therapy
- Social and recreational activities

I understand that I have the right to withdraw this consent at any time. I acknowledge that the staff at [Retirement Community Name] will provide care that aligns with my personal preferences and needs.

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Signature

Signature: _____

Date: _____

Witness

Name: _____

Signature: _____

Date: _____