Assisted Living

Informed Consent: Safety Devices

By signing this consent form, I acknowledge that I am authorized to request the use of a safety device, assistive device, and/or postural support for the following resident:

Printed name of resident: _____

I acknowledge that the facility has explained the alternatives and risks associated with the use of the safety device and I have received and read, *"Use of Safety Devices: A New Practice Standard for Safe Care, One Daughter's Story".* Initial: _____

I acknowledge that the facility has cited any pre-existing condition that may place the resident at risk of injury. Initial: _____

I have provided written authorization from the resident's primary physician that specifies the medical symptom that the restraint or safety device is intended to address and the type of circumstances and duration under which the restraint or safety device is to be used. ***The facility may not use a safety device without a physician's order.***

Initial: _____

The following is a brief description of the safety device(s) that is being requested and the reason why the request is being made:

_____

_____

_____

_____

_____

_____

Resident Name: _____
(Printed)
Resident Name: _____
(Signature)

OR

Authorized Representative: _____
(Printed)
Authorized Representative: _____
(Signature)

Facility Staff: _____
(Printed)
Facility Staff: _____
(Signature)

Date: _____ **Time:** _____