

The Madison

Assisted Living Facility

Guardian Consent Form

Consent to Provide Mental and/or Medical Care Services

I, _____, the undersigned and assigned guardian of _____, hereby consent to and authorize mental health and medical care evaluation and/or treatment for _____.

This care and/or treatment may be provided by qualified staff at The President Madison Inn (The Madison). This care and/or treatment may also be provided by outside care professionals on an emergency and/or scheduled basis as determined by The President Madison Inn.

This consent is only valid when the above named individual is an official resident of The President Madison Inn.

Guardian (printed name) _____

Guardian (signature) _____

Date _____