



Kaleidoscope Cottage
"Treating you well"

Cottager's name: _____

Date of Birth: _____

Home Address: _____

Authorization and consent of Substitute Decision Maker/Power of Attorney: As SDM/POA of the aforementioned "Cottager", I grant my authorization and consent for an individual from Kaleidoscope Cottage to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport and treat the aforementioned Cottager.

Effective date: _____

Signed this day _____ of _____ (month) 20____.

Printed name: _____

Signature: _____

Relationship to the Cottager (if applicable): _____