

## Consent Form: Care and Treatment

*This form is used to record agreements with service users (residents), about their planned care and treatment.*

***It must be kept securely with the Care Plans.***

**Resident's Name:** .....

### Care and Treatment proposal:

1. To provide all personal hygiene needs and activities of daily living;
2. To maintain safety and security, including regular checks day and night;
3. To receive treatment as required to maintain health, including medication;
4. To carry out diagnostic and screening procedures as requested by the GP;
5. To use photographs for identification checks and for monitoring health conditions.

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*Complete either Section A or B*  
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### **Section A** (to be signed by the resident)

I hereby give my consent to the proposed care and treatment as described above.

Signature: .....

Date: .....

*Comments:*

### **Section B** (to be signed by the resident's lawful representative if the resident lacks the capacity to give their consent)

I agree to the proposed care and treatment as described above, which is in the best interests of ..... (the resident)

*Reasons for this 'best interests' decision:*

Signature of resident's lawful representative: ..... Date: .....

Signature of manager accepting responsibility: ..... Date: .....