

Consent Form: Cot Sides

This form is used to record agreements with service users (residents), to allow the use of cot sides.

It must be kept securely with the Care Plans.

Resident's Name:

Complete either Section A or B

Section A *(to be signed by the resident)*

I would like you to use cot sides on my bed for my safety and security.

Signature:

Date:

Consulted with:
(Representative / Medical Professional)

Date:

Print Name:

Witness:

Date:

Print Name:

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

I hereby consent to the use of cot sides on the bed of *(the resident)*
for reasons of safety and security.

Signature of resident's lawful representative: Date:

Print Name: