

Consent to Care & Treatment - Service User

A: DETAILS OF SERVICE USER

Name:	Forename(s):
Title:	Likes to be known as:
Date of Birth:	Age:

B: CONSENT TO CARE & TREATMENT

ACTION TO BE TAKEN	SERVICE USER / ADVOCATE			WITNESSED BY (Staff Member)		
	Print Name	Signature	Date	Print Name	Signature	Date
Administer First Aid						
Call for a GP to visit me where required						
Call for an ambulance / paramedics to visit me where required						
Obtain prescriptions for my use where necessary						
Arrange for me to be taken to a hospital A&E Unit where necessary						
To enter my property to carry out agreed care duties						
To use the Key Safe to access the keys to my property						
To collect, collate and process my personal data and / or confidential information, in accordance with the requirements of the <i>GDPR</i>						