

Piercy Respite Hotel

Consent to Call Emergency Services

By signing this consent, I	give written consent fo
Beacon Community Services staff at the	e Piercy Respite Hotel to contact, on my
behalf, a medical practitioner, nurse pr	actitioner or ambulance in the event of ar
accident or unexpected illness or medi-	cal emergency.
X	
Substitute Decision Maker/Power of Attorny	Date
X	
Witness	 Date