

## Consent to Treatment

This Consent to Treatment for \_\_\_\_\_,  
has been reviewed and signed by the person indicated below.

The Resident acknowledges that he or she is under the medical treatment and care of an attending physician, and that Braswell's Colonial Care (Facility) renders services to the Resident under the general and specific instructions of said physician. The Resident hereby consents to the Facility providing such routine nursing care as may be directed by said attending physician.

In addition to this Consent to Treatment, an Admission Agreement including but not limited to the Resident's Bill of Rights, Bed-Hold request, Arbitration agreement, and Consent to Photograph is to be completed and maintained on file in the Business Office.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature:     Resident  
                   Conservator/Guardian/Agent/Attorney-In-Fact (Provide Documentation)  
                   Responsible Party – Relationship: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title