

SURROGATE CONSENT FORM

1. Resident's Name: _____
2. Resident's Date of Birth: _____
3. Name of Consenting
Relative or Friend: _____
4. Relationship to Resident:

*Guardian of the Person _____
Spouse or Domestic Partner _____
Adult Child _____
Parent _____
Adult Brother or Sister _____
**Other Relative _____
**Friend _____

The Facility has attempted to contact individuals in the relationships described above, in the order set forth. The Facility is seeking this consent because no individual in a relationship listed above yours was reasonably available. Note that *if you are a guardian of the person and the decision contemplated by this consent is to withhold a *life-sustaining procedure*, you must have specific authority from the Court to sign the consent. Also note that, **if you are in the category of an "Other Relative" or a "Friend," an affidavit about your relationship to the Resident must be attached.

5. The two physicians who have examined the Resident and made the determination of the Resident's incapacity to make or communicate an informed decision are:
 - a.
 - b.
6. Resident's Diagnosis:
7. Medical Procedure To Be Performed:

8. Medical Procedure To Be Withheld or Withdrawn:

If the procedure to be withheld or withdrawn is life-sustaining, the Resident has been certified by Dr. _____ and Dr. _____ to be in a(n) end-stage condition, persistent vegetative state; or terminal condition.

9. Surrogate Consent:

I permit Dr. _____ and such other doctors or other persons as are needed to assist him/her to perform, to withhold, or to withdraw the medical procedure described above. I certify that I am not aware of any disagreement with the proposed health care decision expressed by the Resident when competent. Also, I have informed all of the living and reasonably available individuals with the same relationship as I have to the Resident that I am consenting to the provision, the withholding, or the withdrawal of this procedure and there is no disagreement with that decision.

The doctor has explained to me the nature of the procedure, the manner in which it will be performed, withheld, or withdrawn, and the usual effects of this decision. The doctor has described available alternatives. The doctor has also explained any risks and benefits connected with providing, withholding, withdrawing the procedure and with the alternative treatments. My questions have been answered to my satisfaction. I understand that the Resident is unable to consent because of a disability and therefore I consent on the Resident's behalf.

Date: _____

Signature: _____