

Authorization for 1/2 Bed Rails

I, _____ give _____ an Assisted Living Facility permission for half bed rails to be used for my care as described by my health care provider. I give consent for this to be carried out every six months with the prescription renewal. If and when I do not wish for the half bed rails, I will notify the administrator in writing.

Resident's Name: _____

D.O.B. _____

Guardian's Printed Name: _____

Resident / Guardian Signature

Date

Administrator / Administrator Designee

Date