



Daniel P. McCoy
County Executive

Mark S. Olsen
Executive Director

Medical Treatment Authorization and Consent

I, _____ authorize the professional and ancillary staff at Shaker Place Rehabilitation and Nursing Center (Shaker Place) to provide medical, nursing, and personal care for _____. The Resident will accept physician visits and agree to a prescribed course of treatment consistent with the Resident Bill of Rights and cooperate with staff in the provision of care.

I will accept the Resident's transfer to another facility when medically indicated.

I authorize Shaker Place, through its Executive Director, Administrator, Medical Director or Director of Nursing to transfer the Resident to a hospital when medically indicated if the Resident is unable to consent and the Health Care Proxy or Resident Representative cannot be contacted.

Advanced Directives currently in place:

Health Care Proxy _____ DNR _____ MOLST _____ Living Will _____

Signature of Resident/Representative

____/____/____
Date

Witness

____/____/____
Date

Initiated: 3/2015
Reviewed/Revised: 8/2022

