

WORTHY WOMEN TRANSFORMATION MEDICAL CONSENT FORM

Name of Resident: _____ Date: _____

Worthy Women is not a medical care provider, and does not have any medical staff.

I _____ (Printed WWT Resident Name) hereby authorize WWT personnel to act on my behalf under the following conditions:

You verbally request emergency assistance.

You are found unresponsive and unable to request emergency assistance.

TTG authority deems a situation you are a part of to be an emergency.

By signing below, you are granting WWT personnel permission to call 911 and/or emergency services on your behalf. **You will be responsible for any and all costs associated with these emergency services.**

Resident Signature: _____ Date: _____

Print Name: _____

WWT Staff: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____

Print Name: _____