



ARBOR TRACE

AUTHORIZATION FORM

I/We _____, residing in

ARBOR TRACE Residence No. _____, authorize the following:

1. Access by the following staff members to my/our residence:

- ☐ Housekeeping for cleaning services
☐ Maintenance for scheduled projects or emergencies
☐ Nursing, security and medical personnel in the event of emergencies

2. Admission of the individuals listed below (family, friends) to my/our residence in the event of absence or transfer to a hospital or health care facility:

3. Release of medical information as may be required to enhance continuity of medical care.

4. Publication of my/our telephone number in the Resident Directory.

5. Receipt by staff members of prescription or packages delivered. I/we realize that I/we will be notified upon arrival and will not hold the consignee responsible for the ultimate delivery to my/our apartment.

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date