

**FOX SUBACUTE**

**Consent for Medical Treatment**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Upon admission to Fox Subacute Center I, \_\_\_\_\_ hereby  
(Patient or Responsible Party)

give permission for the medical team at Fox Subacute to provide medical treatment for  
\_\_\_\_\_ as deemed necessary. I understand that I am  
(Patient)

encouraged to participate in the care planning for the above named patient by regularly attending the care conference meetings. I understand and have been presented with the opportunity to complete an Advance Directive (patient) or a Health Care Directive (responsible party). It is my understanding that the medical team at Fox Subacute will take into account my wishes in this regard in the implementation of any treatment plan.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_