

**ANNE GRADY SERVICES RESPITE DEPARTMENT
CONSENT FOR TREATMENT**

I, bearing the relationship of legal guardian to _____,
do hereby grant permission to the authorities of Anne Grady Services and/or St. Luke's Hospital
or other medical facilities to render medical services or treatment necessary to the above named
person. Such services or treatment may include x-rays, laboratory procedures, administration of
medications, treatment of physical condition, emergency room care, emergency admission, and
outpatient care considered essential for the person's condition, illness, or trauma.

(A copy of this form is acceptable to the undersigned as consent to treat)

Guardian Signature

Date

M-611