



Motion Detector & Pressure Pad Consent Form

This letter is to ask for permission from the resident and his/her POA to use motion detector, pressure pads or any other device the resident might need to better take care of them. Some residents due to their medical needs like dementia are not always able to remember to call for help with the call button. Bellevue Elderly Care LLC is using the devices with permission to better prevent any falls and give residents help when they need it most. We are still checking on our residents throughout the day to make sure they have all their needs met.

I, _____ the POA of the resident _____
give permission to Bellevue Elderly Care LLC.

Signature

Date