



## REGISTRATION FORM FOR DESIGNATED CAREGIVER DURING COVID-19 PANDEMIC

All designated caregiver(s) (see criteria) must be registered and complete the required training either in person or via virtual session prior to being able to provide care or assistance to a resident at Villa Colombo Toronto.

We ask that the Power of Attorney (POA) for Care/Substitute Decision Maker (SDM), please complete the form below and submit it to [info@villacolombo.on.ca](mailto:info@villacolombo.on.ca). Once received, Villa Colombo Toronto will contact the POA/SDM to schedule the listed caregivers for training.

<b>Resident's Name:</b>	<b>Resident's Room #:</b>
<b>Name of POA/Substitute Decision Maker Completing the Form:</b>	<b>Contact Telephone #:</b>

### DESIGNATED CAREGIVER #1

<b>Name of Caregiver:</b>		<b>Relationship to Resident:</b>
<b>Address:</b>		<b>City:</b>
<b>Province:</b>	<b>Postal Code:</b>	<b>Contact Telephone #:</b>
<b>Email Address:</b>		

### DESIGNATED CAREGIVER #2

<b>Name:</b>		<b>Relationship to Resident:</b>
<b>Address:</b>		<b>City:</b>
<b>Province:</b>	<b>Postal Code:</b>	<b>Contact Telephone #:</b>
<b>Email Address:</b>		

I, \_\_\_\_\_, have received all the information and requirements related to Designated Caregiver visitation at Villa Colombo Toronto. As the POA/Substitute Decision Maker for the resident listed on the form above, my signature below indicates that I have read and understood all the information and guidelines provided and that I have shared them with the designated caregivers listed above as #1 and #2. Additionally, my signature indicates that each designated caregiver agrees to abide the guidelines and failure to follow the guidelines provided and/or amended guidelines could result in the revocation of visitation for one or both designated caregivers and the cancellation of resident visitation, in order to protect and secure the safety of residents, families and staff of Villa Colombo Toronto.

<b>Name of POA/Substitute Decision Maker (please print):</b>	
<b>Signature of POA/Substitute Decision Maker:</b>	<b>Date:</b>

*If there are multiple POA's, all must be in agreement and sign this form.*