



SERVICE USER CONSENT FORM

ACTIVITIES

NAME: _____ DATE: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: _____ D.O.B: _____

ACTIVITIES:

I _____ (Person Responsible / Legal Guardian)

hereby give permission for _____
(Name of Service User)

to participate in the planned activities, on and off site, arranged for services users, by the staff of FLINTWOOD Disability Services Inc. as per Individual Program.

I understand there may be program changes from time to time and activities will be offered which are appropriate to the needs of _____.
(Service User named above)

SIGNATURE

RELATIONSHIP TO SERVICE USER

DATE

WITNESS

DATE