ACare WA
Smart Choice Local Care

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Consent to Care and Emergency Contact Form

Client Details

Client Name: _____ **Date of Birth**: _____

Street Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Phone: _____ **Mobile:** _____

Consent to Receive Care and Support

I, the undersigned, consent to receive care and support services provided by ACare WA, including subcontracted workers and service providers. I understand that services will be provided in accordance with my care plan and my expressed preferences.

☐ I acknowledge that I have been asked to provide documentation such as an Enduring Power of Attorney (EPA), Enduring Power of Guardianship (EPG), and/or Advance Health Directive (AHD), but have chosen NOT to provide these documents at this time.

☐ I understand that in the absence of these documents, there may be limitations on who can make decisions on my behalf in the event I become unable to do so.

☐ I understand that in the absence of a formal Advance Health Directive or Resuscitation Plan, attending clinical staff, including nurses, will follow standard emergency protocols, which may include administering CPR and calling emergency services."

Emergency Contact Details

In the case of an emergency, I request that the following person(s) be contacted:

Primary Emergency Contact

Name: _____ **Relationship:** _____

Phone: _____ **Mobile:** _____

Email (optional)**:** _____

Secondary Emergency Contact (if applicable)

Name: _____ **Relationship:** _____

Phone: _____ **Mobile:** _____

Email (optional)**:** _____

Acknowledgement and Signature

I confirm that the above information is accurate and that I understand the implications of not providing formal documentation such as EPA, EPG, or AHD.

Client Printed Name	Signature	Date

Witness/Staff Member Printed Name	Signature	Date