



TOP AID
HEALTHCARE, INC
CAREGIVER TRAINING

Top Aid Healthcare
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Release of Responsibility

If I am incapacitated and it becomes necessary for me to receive immediate medical care or treatment, I authorize my AFC Caregiver to sign any necessary hospital forms on my behalf. I understand by doing this, I relive AFC Caregiver of any legal repercussions.

Member/Responsible Person

Date

Member

Date

Caregiver

Date

Witness

Date