



REGISTRATION FORM FOR ESSENTIAL FAMILY AND PRIVATE CAREGIVER DURING COVID-19 PANDEMIC

In preparation for allowing Essential Family/Caregivers into Villa Colombo, we ask that the Power of Attorney for Care/Substitute Decision Maker, please complete this form below in its entirety and submit it to bibara1@villacolombo.on.ca no later than Monday, September 14, 2020.

If you wish to have an essential family member/caregiver (see criteria) come in to Villa Colombo Toronto beginning on Monday, September 14, 2020, you will also need to select training dates on the attached list of available training dates. If for whatever reason the dates provided to do not work with your schedule, please contact Binod Baral, IPAC Lead and Clinical Educator by telephone at (416) 789-2113 ext. 2256 to arrange an alternate date and time. Please note, no family member or caregiver will be allowed to enter Villa Colombo Toronto before the required training is completed.

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

ESSENTIAL FAMILY/CAREGIVER #1

Name of Caregiver:			Relationship to Resident:			
Address:			City:		Province:	
Postal Code:		Contact Telephone #:		Email Address:		
<i>If you know, please indicate below which dates/times this Essential Family/Caregiver will be at Villa Colombo Toronto</i>						
DAY & TIME						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm
<input type="checkbox"/> There will not be a regular schedule of dates and times for this caregiver.						
SELECTED TRAINING SESSION FOR THIS CAREGIVER: _____						

ESSENTIAL FAMILY/CAREGIVER #2

Name:			Relationship to Resident:			
Address:			City:		Province:	
Postal Code:		Contact Telephone #:		Email Address:		
<i>If you know, please indicate below which dates/times this Essential Family/Caregiver will be at Villa Colombo Toronto</i>						
DAY & TIME						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm	___ am/pm to ___ am/pm
<input type="checkbox"/> There will not be a regular schedule of dates and times for this caregiver.						
SELECTED TRAINING SESSION FOR THIS CAREGIVER: _____						

I, _____, have received all the information and requirements related to being an Essential Family/Caregiver at Villa Colombo Toronto. My signature below indicates that I have read and understood all the all the information and guidelines provided to me that I have shared them with both caregivers listed above as #1 and #2 and that I and each caregiver agrees to abide by said the guidelines and that any failure, by any caregiver listed above, to follow the guidelines provided and/or amended from time to time, could result in one or more parties revocation of their ability to continue attending the home as an essential family/caregiver.

Signature of POA/Substitute Decision Maker:
Date: