

Caregiver Designation Form

Name of Retirement Community: _____

Resident Name: _____

Suite #: _____

Caregiver #1

Name: _____

Phone #: _____

Email: _____

Type of Essential Care Being Provided and approximate timing:

Caregiver #2

Name: _____

Phone #: _____

Email: _____

Type of Essential Care Being Provided and approximate timing:

Dated: _____ Signed By: _____

Note: It is expected that a Designated Caregiver will have a negative Covid-19 test within the last 14 days and will not have tested positive subsequently.