



LIONS GATE

Lifestyle. Care. Community. Tradition.

LIONS GATE

COVID-19 INFORMED CONSENT FORM

I am aware of the possible risk of exposure to COVID-19 for both the resident and the visitor and that I will follow the rules set by Lions Gate regarding outdoor visitation. I will strictly comply with the Lions Gate policies during the visitation, and I will notify Lions Gate if I test positive for COVID-19 or exhibit symptoms of COVID-19 within 14 days of the visit.

I acknowledge and understand the above:

Visitor Name (print)

Date

Visitor Signature

Date

Resident Name (print)

Date

Resident Signature

Date

Authorized Representative (if resident is unable to sign)

Date

Inspiring Wellness!