



3912 - 29 Street NE, Calgary, AB T1Y 6B6 ❖ Phone: 403-242-6672 ❖ Fax: 403-209-0528 ❖ www.newageservices.ca

STAY ALONE CONSENT

_____ will be remaining in his/her home without supervision
(Client)
between _____ and _____ on _____ .
(Time) (Time) (Day of week)

Precautions: (e.g. Use of appliances, emergency contacts, fire safety, medical safety, strangers at the door, etc.)

I, _____, consent to allow _____ to remain in
(Guardian) (Client)

his/her home without staff/caregiver supervision during the times, days and with the precautions listed above.

Signature of Guardian

Signature of Client

Signature of New Age Services Employee/Caregiver

Signature of New Age Services Representative

Date Signed

Note: This agreement is valid for a period of one (1) year from the date signed. Consent may be renegotiated or withdrawn at any time by contacting New Age Services Inc. Consent is to be placed in client's file.