MEDICAL ALERT COLOR-CODE PROGRAM

RESIDENT REFUSAL to PARTICIPATE in the WRISTBAND PROGRAM

☐ REFUSAL to WEAR a MEDICAL ALERT COLOR-CODED WRISTBAND –
The benefits of the use of the medical alert color-coded wristband have been explained to me by a member of my healthcare team. I understand the risks and benefits of the use of the medical alert color-coded wristband, and despite this information, I do not give my permission for the use of the medical alert color-coded wristband in my care.

☐ REFUSAL to REMOVE a “SOCIAL CAUSE” WRISTBAND –
The risks of refusing to remove the “social cause” colored wristband have been explained to me by a member of my healthcare team. I understand that refusing to remove the “social cause” wristband could cause confusion in my care, and despite this information I do not give my permission for the removal, or covering with tape or gauze, of the “social cause” colored wristband.

Reason provided (if any):_______________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Resident’s Name (Please Print):________________________________________________
Signature:___________________________________________________________________
Relationship (e.g. Self):_______________________________________________________
Date:_______________________________________ Time:___________________________

VMH Representative’s Name (Please Print):___________________________________________
VMH Representative’s Signature:________________________________________________
Date:_______________________________________ Time:___________________________

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