

**CENTRAL PEACE MEALS ON WHEELS
CONSENT FORM**

Applicants Details	
Surname: _____	First Name _____
Address: _____	
City: _____	Postal Code _____
Phone: (Home) _____	Phone (Cell) _____

I give permission for volunteer or staff of Central Peace Meals on Wheels

Please circle **yes** or **no** to the following:

Be prepared to receive my meal between 11:00 and 12:30	Y	N
To enter my premises in order to deliver meals	Y	N
I will consume all food delivered to me within 24 hrs of delivery	Y	N
Arrangements will be made for meal to be left in my absence at the time of delivery	Y	N
If no provision made for the meal delivery, I will still be responsible to pay for that meal	Y	N
If need to put meal on hold I will contact the Coordinator at (780)864-3500 within 24 hrs	Y	N
I agree to pay \$20.00 service charge on any returned chq issued as payment for the meal	Y	N
To call for an ambulance or notify any of my contacts for my well being	Y	N
To enter and search for me if the door is unlocked and I do not answer	Y	N
I agree to my personal details being kept confidential in the office of FCSS	Y	N
I agree to my personal information shared with the food provider and being kept confidential	Y	N

I hereby release Husky Tags of any liability for any substitution (**not included in the meal package**) that the client may add after the meal is delivered.

Y N

Signature

Applicants Signature _____ Date _____

Witness: (if applicable) _____ Date _____

OR

I verify that the consent was given verbally

Name: _____ Position (PRMOW) _____

Signature: _____ Date _____