



## Partner in Care Waiver

I release PEI Atlantic Baptist Home from any injury I may incur on their property while acting as a Partner in Care. Should I need assistance, I will be responsible for speaking to a staff member to ensure my own safety.

INITIAL:\_\_\_\_\_

I release PEI Atlantic Baptist Home from any liability associated with me (Partner in Care), feeding and providing cares to my loved one. I understand that I should need assistance that support staff will assist me and my loved one. I understand I will not try to move, reposition or ambulate my loved one without the knowledge and support of care staff.

INITIAL:\_\_\_\_\_

I understand that to facilitate fair and equitable access to residents during the "Partner in Care" phase of visitation, I will abide by the time slot provided to me in advance. I understand that due to social distancing guidelines (2 meters) limitation on numbers of people in the facility may need to be enforced.

INITIAL:\_\_\_\_\_

I understand that PEI Atlantic Baptist Home has set forth infection control protocols to ensure the safety of the residents in their care, and I commit to abiding by the hand hygiene, social distancing and masking guidelines.

INITIAL:\_\_\_\_\_

I understand that due to the ever changing nature of guidelines set forth by the Chief Public Health Office, PEI Atlantic Baptist reserves the right to change Partner in Care protocols based on operational needs and risk assessments.

INITIAL:\_\_\_\_\_

Name:\_\_\_\_\_ (please print)

Signature:\_\_\_\_\_

Witness:\_\_\_\_\_

Date:\_\_\_\_\_