

New Jersey Department of Military and Veterans Affairs
New Jersey Veterans Memorial Homes

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:** _____