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**SSM SENIOR CITIZEN SERVICE**

SSM Nagar, Perungalathur, Chennai – 600 063

Managed by – SSM Marketing and Trading Corporation

Consent letter – by the Resident & Nominee

To,  
The Managing Partner,  
SSM Marketing and Trading Corporation,  
SSM Senior Citizen Service,  
SSM Nagar, Perungalathur, Chennai 600 063

I, .....son of / wife of .....,  
aged ..... years has enrolled with “SSM Senior Citizen Service” and is a permanent  
recipient of their services on payment and will be residing at SSM Nagar, hereby declare  
and state as follows:

During the period of availing services, as long as I am healthy and is in sound mind, I will  
take care of my medical requirements, including the procedure to be followed, in  
consultation with the Doctors.

Whenever, I seriously fall sick, either suddenly or in stage, I hereby authorize the  
Management of the “SSM Senior Citizen Service” and its Medical Officer to act upon  
according to the need of the situation and to decide on the procedure or course of action for  
such crisis management, without my consent or direction from nominee / legal heirs  
/guardian.

I am well aware of my age related health weakness or problems thereon. I have reposed full  
confidence with the Management of the “SSM Senior Citizen Service” as my perfect local  
guardian and care taker and hereby authorize them to:

- Perform upon any procedure when fell sick and need arises.

- Understand and decide on the nature and purpose of the procedure, taking into account the expected benefits and complication, as well as possible alternative to the proposed treatment if need arises.
- To decide on and take decision during the unforeseen condition that may require procedure different from the planned one.
- Fully consent for administration of anaesthesia / life-saving drugs as may be considered necessary, even though occasional risk to life and health is associated with such administration. I hereby give my consent to the Management of “SSM Senior Citizen Service” or its Authorised Officers to sign the required documents in the Hospital on my/nominee’s behalf.
- Finally, I hereby declare and state that in all the above acts carried out in good faith and belief, due to age factors, complication and developments beyond the control of the Medical and clinical terminology and for any untoward happening my nominee / legal heirs /guardian will not hold the Management of the “SSM Senior Citizen Service” as responsible for such an eventuality.

This consent letter is dated.....



Signature of the Nominee

Signature of the Resident