



LORD DUFFERIN CENTRE
Retirement Residence

Designated Essential Caregiver Request Form

Resident Name: _____

1. Name: _____

Relationship: _____

Contact Info: _____

Email: _____

2. Name: _____

Relationship: _____

Contact Info: _____

Email: _____

Designated By: [] Resident / [] SDM

Resident's Signature (if applicable): _____

SDM's Signature (if applicable): _____

Date Signed: _____