



Authorization for Admission to Marianhill Hospice Palliative Care Unit

**To be Completed by the Applicant/SDM**

I understand that Marianhill provides Hospice Palliative Care as per their Mission and Values.

**Section 1:** To be completed by all who are requesting admission to the Hospice.

I agree to the submission of an application to the Hospice and consent to admission if accepted.

[www.marianhill.ca](http://www.marianhill.ca)

I agree that should my condition change and I no longer require Hospice care that I will participate in and follow the recommendations of the discharge planning process.

Resident/SDM \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**Section 2: To be Completed by the Applicant who is Capable**

I understand that Medical Assistance in Dying (Euthanasia) is not available at Marianhill.

If I should request Medical Assistance in Dying (euthanasia), I agree to be discharged.

Resident \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

\*Section 2 not required if applicant not capable as not applicable

Mission Statement

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