# Personal details and consent form

Please fill up the following details in capital letters and sign and date it.

|  |  |
| --- | --- |
| Name: |  |
| Age: |  |
| Address: |  |
| Phone: |  |
| Emergency phone number and relation |  |

Please list the kind of services you would like

Medical conditions we should know about:

**Consent:**

I hereby declare that I would like to avail the services of Udhavi and their volunteers and have no objections in them visiting my home. I understand that Udhavi is a voluntary service and completely free and I will not hold Udhavi responsible for any issues that may arise during or after the time I avail of this service.

What job were you holding previously?

Please note our services are voluntary, no charges. If there is anything to be paid we will let you know .

Signature: Date:

**For official purposes**

Date form filled on:

Data collected by:

Data maintained by: