



 **Call Us :** + 91 8591147463  **Email Us :** theconnecttime@gmail.com

Consent Form for Wake-Up Call Service (Senior Citizens)

I, _____, hereby give my consent to _____ (Organization / Service Provider Name) to provide a daily wake-up call service to me at _____ (Phone Number / Contact Details)

- I understand the purpose of the service is to check on my well-being.
- I agree to receive calls between _____ (Preferred Time Slot)
- I understand I can opt-out or update my preferences anytime by contacting _____ (Phone Number / Contact Details)

Date of Birth _____

Senior Citizen:

Signature: _____

Date: _____

For Caregivers/Family Members (Optional):

I, _____, confirm _____ has given consent for this service and I will be the secondary contact in case of any issues.

Signature: _____

Date: _____