

**Sri Sathya Sai Palliative Care Center - Puttaparthi**  
**Consent form for administration of morphine**

Name/Age:

ID:

Diagnosis:

I, \_\_\_\_\_ agree to receive morphine as part of palliative care provided by the Sri Sathya Sai Palliative Care Centre, Puttaparthi.

The doctor and palliative care staff explained to me the benefits and risks of using morphine and I have understood them. I was explained about my treatment options for my condition.

I understand that I have the right to refuse, or withdraw, this treatment at any time.

Signature of Patient/Guardian:

Staff Signature: