



Welcome to LifeLoop - Quick Setup

First Name: _____

Last Name: _____

Date of Birth: _____

Room: _____

Phone: _____

Medical Power of Attorney: _____

Please provide the names of individuals that should have access to your LifeLoop account:

1. Name: _____

Email: _____

2. Name: _____

Email: _____

3. Name: _____

Email: _____

Resident Signature: _____

Please sign indicating that you agree to share your information with the individuals list above.

For Staff Use:

☐ Please check the box if the resident has provided a signed photo release