



**GENERATIONS TO COME  
NURSING AND CARE**

Block 3 Flat 4, Adetoun Mustafa Estate.  
Community Road Jankara Ijaye, Ojokoro, Lagos  
07033082671, 09021106403  
info@g2cnursingagency.com  
g2cnursingagency.com

## UNDERTAKING BY CARER / NURSE

I Mr/ Mrs/ Miss..... hereby undertake and sign as follows:

I shall act as a companion to patient entrust in my care and listen to them when they are speaking.

I shall act as an advocate for their well-being.

I shall Pay attention to their surroundings and ensure Safety

I shall act proactively, especially when it comes to their safety and medical condition.

I shall Keep a positive attitude while doing all tasks that they have asked of me.

I shall Communicate any issues or concerns with the appropriate party (The Agency).

I shall respect their privacy

Remembering that I am in their home and i would respect each time i have come to take care of them.

I shall not act as their in-home doctor. Neglecting medical advice from professionals.

I shall not Overstep, especially when it comes to their private and family matters.

I shall not demand or solicit for help financially or otherwise from patient and their family

I shall not discuss my personal issues /problem with patients I am assigned to care for.

I shall not go against the Agency, Family or Doctors instructions, even if i think it will make my patient happier to do so.

I shall not With hold information from the Agency or medical professionals.

I shall not use patients properties entrusted to my care

I shall not violate privacy, going through their belongings, eavesdropping or lingering when not necessary.

I shall carry out my nursing duties to the best of my ability without emotions as dictated in the Ethics of Nursing

I shall not be late as punctuality is of the utmost importance, especially if your patient needs to be somewhere or take certain medications at a certain time.

I shall not Forget that I am valued, appreciated and an essential part of my patients health and happiness.

Carer's / Nurse's Signature..... Date.....

Witnessed by.....

On this ..... day of ..... 20.....

Address Of Witness.....

Tel.....