



Prescription Delivery Service Consent Form

Part 1 – Your Details

Full Name	
Address	
Postcode	
Phone	
Date of Birth	

Part 2 – Select the applicable collection point

- Newent Doctors Day Lewis Pharmacy

Part 3 – Select the service you are signing up for

- I would like my medicines to be delivered to my home
 I am able to collect my medicines from The Croft, Kempley GL18 2BU

Part 4 – Description of Medication

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Part 5 - please tick

- Patient is 60 or over Patient is under 16 Patient is 16 – 18 and in full time education
 Valid Maternity Exemption Certificate (MatEx) Valid Medical Exemption Certificate (MedEx)
 Valid Prescription Prepayment Certificate I need to pay for my prescriptions

Part 6 – Patient Declaration

I would like to nominate Kempley Parish Council to collect my prescriptions on my behalf directly from my GP or nominated pharmacy. I give permission for my prescriptions to be released to Kempley Parish Council by signing this form.

Are you the patient? (please tick) Yes No *I am the patients representative – by signing the declaration you confirm that you are authorised to act on behalf of the patient and consent to their information being used as stated in this form.*

Name of representative	
Relationship to patient	
Date	Signature

How we use your personal data

The information contained on this form will be held in hard copy only by the parish clerk (Arin Spencer) and will be shared with Newent Doctors or Day Lewis Pharmacy (whichever is applicable) as evidence of authority to collect prescriptions on your behalf.

When the prescription delivery service is no longer required please let us know by emailing kempleyparishclerk@gmail.com or calling **07484619582** and this form will be destroyed.