

Patient name:	
Up to date Contact No.:	
Patient address:	
Date of Birth:	

Dear Practice Manager,

This letter is to show that I am currently in self-isolation due to Covid-19 and I give permission for a member of the East Ilesley Emergency Response Team to collect my medication on my behalf.

I have informed them that they will need to bring identification in each time they wish to collect.

Patient signature:

Patient name:

Date:

For Pharmacy use

Letter received by (pharmacist name)	
Registration number:	
Date received:	
Date of collection:	
Last date letter is valid:	

This letter of authorisation is valid for _____ days

Please note current guidance is a letter of authority per day, however if this changes, this form can be used for more days.