## **Consent to Collect Prescriptions**

| I give consent for the person named below | to collect my prescriptions: |  |
|---|------------------------------|--|
| Authorised Collector:                     |                              |  |
|   |                              |  |
| Patient Signature                         | Date                         |  |

By signing this consent form you are giving the above named permission to collect your prescriptions and giving your pharmacy and your GP surgery permission to release your prescriptions to them.

This slip must be presented to pick up prescriptions.