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CARER'S AUTHORISATION FORM

I hereby give authorisation for details of my medical care and record to be shared with my carer.

Carer's name……...

Carer's address (inc postcode)……

……

Carer's date of birth……

Carer's phone number……..…….

Their relationship to patient……...

Signed…….. Name (please print)…….……...

Date of authorisation……..

TO AUTHORISE A 2ND CARER PLEASE FILL OUT THE SECTION BELOW

Carer's name……...

Carer's address (inc postcode)……

……

Carer's date of birth……

Carer's phone number……..…….

Their relationship to patient……...

Signed…….. Name (please print)…….……...

Date of authorisation……..