

Patient Declaration Form to be completed by all patients or their representative.

Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.

PART 1	<i>The patient doesn't have to pay because he / she:</i>
	is under 16 years of age
	is 16, 17 or 18 and in full-time education
	is 60 years or over
	has a valid maternity exemption certificate
	has a valid medical exemption
	has a valid pre-payment certificate
	has a war pension exemption certificate
	is named pm a current HC2 charges certificate
	is named on a valid NHS Tax Credit Exemption Certificate
	or his/her partner gets Income Support
	or his/her partner gets income-related Employment and Support Allowance (ESA)
	gets income-based Jobseeker's Allowance
	or his/her partner gets Pension Credit Guarantee Credit
	is receiving FOC contraceptive

I declare that the information I have given is correct and complete.
 I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges.
 To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities

Part 2	I have paid	£	Now sign and fill in Part 3
Part 3	Please select one option		<input type="checkbox"/> I am the patient <input type="checkbox"/> I am the patient's guardian

I am patient's representative
 (Patient's rep should only be collecting meds In the case of a pandemic or at the pharmacists professional discretion)

I agree that the information on this form can be shared with:
 My/the patient's GP practice to help them provide care to me/the patient
 NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy

Signature	Date
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Where this form is not signed by the patient please add your name and address below:

Name	
Address and Postcode	