



**University Health Centre**

**Letter of Authorisation for Proxy Collection of Medication**

**Instructions:**

1. This form is to be filled and completed by the patient should they be unable to collect their medication and would like to send a proxy to collect on their behalf.
2. The appointed proxy must be aged 21 years and above.
3. This form must be duly signed by the patient. If the patient is below 21 years old, only the parent or legal guardian may be the appointed proxy.
4. Please bring along the following for the clinic's verification and submission, before the medication can be dispensed:
  - a. Copy of patient's ID card
  - b. Proxy's physical original ID card
  - c. This original signed and completed letter of authorisation

**Section A - For patient's authorisation**

I, \_\_\_\_\_ [name of patient] authorise \_\_\_\_\_ [name of proxy] to collect my medication on my behalf. I undertake that the appointed proxy is at least 21 years of age and agree that he/she will be responsible for ensuring that the medication is safely delivered to me.

**Section B - For proxy's acknowledgement**

I declare that I have been authorised by the patient to collect his/her medication on his/her behalf as specified in Section A above. I agree to the following:

- I. to pay the bills in relation to the medication on the patient's behalf;
- II. to check that I have collected the right medication for the patient and safely deliver the medication to him/her; and

III. to indemnify NUS University Health Centre against all losses, expenses, costs, damages and liabilities that may be suffered or incurred by the clinic arising out of or in connection with any false declaration or improper conduct on my part.

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**Signature, Name and NRIC/FIN of Patient**

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**Signature, Name and NRIC/FIN of Proxy**