



MILE OAK MEDICAL CENTRE

CHALKY ROAD · PORTSLADE · BRIGHTON · BN41 2WF
Telephone: (01273) 426200 Fax: (01273) 426230

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