

NHS Medicines Delivery Volunteers Declaration

Dear Volunteer,

On behalf of the whole community, thank you for registering as a volunteer to deliver medicines to our patients.

As well as keeping patients as safe as possible, we need to keep you and pharmacy teams as safe as possible.

Please read and sign a copy of this letter to confirm the following:

- you and everyone in your household are well and have no [symptoms of COVID-19](#) such as a cough or a high temperature
- you do not have any long-term health conditions that make you vulnerable to COVID-19
- you have never had a drug or medicine dependency problem.

You understand that:

- it is important for the health and wellbeing of patients that they receive the right medicines at the right time, but that accuracy is more important than speed
- particular care must be taken if there are patients with similar names
- all patients and carers must be treated with respect regardless of race, religion, or ethnic background
- all information about patients and their health is confidential and cannot be used at any time now or in the future. That includes names, addresses and medical history
- if you are using your own vehicle, it is fully insured for the purpose of delivering medicines as a volunteer.

When making deliveries, you must:

- put the medicines on the doorstep and step back at least two metres after ringing the bell. Make sure the medicines have been brought inside before leaving. If no one answers, do not leave the medicines on the doorstep without further instructions
- do not put medicines through a letterbox unless you have a note on your delivery list saying that you can do so, or if an adult speaking from inside the property asks you to
- if you feel unwell at any time, tell the pharmacy immediately, then return any undelivered medicines to the pharmacy if you feel able to and go home.

Please remember the golden rule: if in doubt, call the pharmacy for advice or instructions.

Yours sincerely,

Your local pharmacy

Volunteer signature..... Date

Volunteer name (PRINT)

Volunteer mobile number