

Consent for Medical Errands

Date: _____

To Whom It May Concern,

I, **[Your Name]**, residing at **[Your Address]**, hereby give my consent for **[Volunteer's Name]** to assist me with medical errands on my behalf.

The scope of these errands includes, but is not limited to:

- Picking up prescriptions
- Accompanying me to medical appointments
- Obtaining medical supplies

This consent is valid from **[Start Date]** to **[End Date]**.

By signing below, I confirm my understanding and agreement to this arrangement.

Signature: _____

Printed Name: **[Your Name]**

Date: _____

Contact Information: **[Your Phone Number]**, **[Your Email]**