

## Letter to Residents re Re-Used Medicines during the Covid-19 Pandemic

[Name of Care Home/Hospice]

Dear \_\_\_\_\_ (Name of Resident)

As a result of the current Covid-19 pandemic, there may be supply issues with certain medicines. This may mean that surplus medicines need to be given to other residents, subject to the original resident's permission.

Following our recent discussion, I would be grateful if you could confirm in writing your agreement as follows:

☐ I agree for my surplus medicines to be given to other residents where necessary.

☐ I agree to receive other residents' surplus medicines if the supply of my medicine is interrupted.

Signed:

Resident/Person with  
LPA/Next of Kin (delete as  
appropriate)

Print  
Name:

Date: