

## Consent to the provision of a medical report

I, .....

of .....

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.....

.....

give consent to

Dr .....

.....

.....

.....

or deputy, to provide a medical report to the Buckingham Almshouses and Welfare Charity (the Charity) about my past and present medical history and my suitability and fitness to live safely and independently in one of the Charity's almshouses.

I understand that the Charity is fully committed to compliance with the requirements of the Data Protection Act 1998 and that this information will be held securely. The information will only be accessed by the Trustees or the secretary to the Charity and will never be released to any third party.

Name .....

Signed .....

Date .....