


Local Authorisation:

Service Area for which PGD is applicable:		Community Pharmacy	
Record/Audit Trail	There must be appropriate records kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.		
Nominated individual who agrees to keep list of practitioners operating under the PGD current and up to date (Lead Professional):			
Name:	Signature:	Designation:	Date:
Alan Harrison Email contact address: alan.harrison@ggc.scot.nhs.uk		Lead Pharmacist Community Care	25/03/2024

PGD DOES NOT REMOVE INHERENT PROFESSIONAL OBLIGATIONS OR ACCOUNTABILITY.

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Name of Pharmacist		GPhC No	
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I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply / administer this medicine only in accordance with this PGD.

Aciclovir 800 Tablets v2	<i>Sign:</i>	<i>Date:</i>
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I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply / administer this medicine only in accordance with this PGD.

Flucloxacillin v2	<i>Sign:</i>	<i>Date:</i>
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FOR NHS GGC ONLY

Please record that you have read, understood and accept the professional responsibility associated with the above PGDs by completing the electronic form on the CPDT website (see covering narrative for link).

There is no need to submit a paper copy of this authorisation sheet. Please keep a copy of the signed sheet and acknowledgement letter generated for your own records.