



Minor Patient Form

(Declaration of Person Responsible for a Minor to Participate)

Instructions: This form must accompany the Patient Registration if the patient is a minor (under the age of 18 years of age). Parent or Guardian must also complete Caregiver Registration.

Patient Name: _____ Patient Date of Birth: _____

Patient Address: _____ Phone: _____

_____ Email: _____
Email of parent or guardian

Declaration:

I, _____, do hereby declare:
Name of parent or guardian

- 1) That I am the custodial parent or legal guardian with the responsibility for health care decisions for _____.
Patient Name
- 2) The patient’s attending physician has explained to the applicant and to me the possible risks and benefits of the medical use of cannabis.
- 3) I consent to the use of cannabis by the patient for medical purposes.
- 4) I agree to serve as the patient’s primary caregiver by completing the Caregiver Registration and paying the appropriate fee.
- 5) I agree to control the acquisition of cannabis and the dosage and frequency of use by the patient.

Declaration Signature:

_____ Date
Parent/Guardian Signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____
by _____, who is personally known to me or has produced _____ documentation.

Name of Notary	Signature of Notary	Notary Commission Number	Commission Expiration
_____	_____	_____	_____