

About Applicant's Caregiver 1 of 1

Name of Applicant: _____ SURNAME, GIVEN NAME

Date of Birth of Applicant: _____ YYYY/MM/DD

Caregiver Information

To be filled out if the applicant has one or more caregiver(s) who is/are responsible for the applicant.

I agree to receive HEXO's newsletter containing news, updates and promotions regarding HEXO's products. You can withdraw your consent at any time.

Caregiver Name: _____ SURNAME, GIVEN NAME

Caregiver Date of Birth: _____ YYYY/MM/DD Gender: M F
 Other: _____

Caregiver Email: _____

Caregiver Phone Number: _____ OPTIONAL ←

Alternate Phone Number: _____ OPTIONAL ←

Voicemail messages may be left at this number

Statement

I _____ CAREGIVER NAME am responsible for _____ APPLICANT NAME

Caregiver Signature: _____

X _____ Date: _____ YYYY/MM/DD

Alternate Caregiver Information

To be filled out if the applicant has more than one caregiver.

I agree to receive HEXO's newsletter containing news, updates and promotions regarding HEXO's products. You can withdraw your consent at any time.

Alt. Caregiver Name: _____ SURNAME, GIVEN NAME

Alt. Caregiver Date of Birth: _____ YYYY/MM/DD Gender: M F
 Other: _____

Alt. Caregiver Email: _____

Alt. Caregiver Phone Number: _____ OPTIONAL ←

Alternate Phone Number: _____ OPTIONAL ←

Voicemail messages may be left at this number

Alternate Caregiver Statement

I _____ CAREGIVER NAME am responsible for _____ PATIENTS NAME

Alternate Caregiver Signature: _____

X _____ Date: _____ YYYY/MM/DD