



# 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 Hydrothecary's newsletter containing news, updates and promotions regarding Hydrothecary'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 Hydrothecary's newsletter containing news, updates and promotions regarding Hydrothecary'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

