

## **CAREGIVER FORM** *If you have a caregiver, please complete this form.*

### **1. CAREGIVER INFORMATION**

Female    Male    Other    Undisclosed   Patient ID Number:

Caregiver's First Name     
Caregiver's Last Name     
Caregiver's D.O.B. (MM/DD/YYYY)

Primary Phone Number     
Email     
Relationship to Patient

Can we leave voicemails?    Yes    No

### **2. CAREGIVER INFORMATION** *If you have a second caregiver, please complete this section.*

Female    Male    Other    Undisclosed   Patient ID Number:

Caregiver's First Name     
Caregiver's Last Name     
Caregiver's D.O.B. (MM/DD/YYYY)

Primary Phone Number     
Email     
Relationship to Patient

Can we leave voicemails?    Yes    No

### **3. SIGNATURE**

I, , am the responsible caregiver for

Full Name of Caregiver   Name of Patient

#### **By signing this Caregiver Form:**

As the patient, you authorize the responsible individual/caregiver to act on your behalf with respect to anything you could do on your own behalf with United Greeneries and you authorize United Greeneries to accept such authority.

**Patient Signature:**

**Date (MM/DD/YYYY):**

**- PLEASE SEE REVERSE FOR CAREGIVER CONSENT FORM -**

## **CONSENT FORM** *To be completed by the caregiver*

By signing this document you state that you understand, agree, and consent to each of the following statements:

1. The undersigned is responsible for the applicant.
2. The applicant ordinarily resides in Canada.
3. The information in this application and the accompanying Medical Document or Registration Certificate is correct and complete.
4. The Medical Document or Registration Certificate is not being used to seek or obtain dried marijuana or cannabis oil from another source.
5. The use of dried marijuana and cannabis oils are for the applicant's medical purposes ONLY.
6. The original of the Medical Document is provide in support of the application.
7. Medical marijuana is not currently approved for use as a pharmaceutical drug in Canada. The applicant is using the medical product obtained from United Greeneries at their own risk. You hereby release United Greeneries and its related entities from any and all actions, claims, complaints, demands for damages, personal losses, and/or injuries arising directly and indirectly from the use of medical marijuana obtained from United Greeneries.

I would like to receive email communication (order receipts, prescription reminders, and monthly promotions) from United Greeneries through the contact information I have provided in this registration package.

By signing this Consent Form you consent to United Greeneries' collection, use and disclosure of the personal information contained in it, in accordance with United Greeneries' External Privacy Policy available at: [www.UnitedGreeneries.ca](http://www.UnitedGreeneries.ca). This includes, without limitation, disclosure of this Consent Form and related documents to the health care practitioner named in the patient's Medical Document and to any clinic or employer with which the health care practitioner works. Consent may be withdrawn at any time but such withdrawal will not have retroactive effect.

**Caregiver Signature:**

**Date (MM/DD/YYYY):**

**Senior Caregiver Signature (if applicable):**

**Date (MM/DD/YYYY):**