

Caregiver Consent Form

Thank you for choosing Organigram as your licensed producer of medical cannabis. Before we can authorize a caregiver, you will need to complete the following application.

Patient Information

Full Name: (Make sure to include legal name)	Date of Birth: DD/ MM/ YYYY/
---	------------------------------

Caregiver Information

Full Name: (Make sure to include legal name)	Date of Birth: DD/ MM/ YYYY/
Phone:	Patient's Unique Identifier:

I, _____, declare that I am fully responsible for the patient referenced above.
(Caregiver's Name)

Signature: _____ Date: DD/ MM/ YYYY/
(Caregiver)